THE
NATIONAL
INSTITUTE
FOR
RESEARCH
IN
DAIRYING.

CITY OF DUNDEE

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

YEAR ENDING 31ST DECEMBER, 1925

DUNDEE.
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FOR
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Public Health Department,
Dundee, August, 1926.

The Lord Provost, Magistrates, and Town Councillors
of the City of Dundee.

Gentlemen,—

I have the honour to submit my Annual Report on the health of the City of Dundee during the year 1925..

The general arrangement is somewhat different from that adopted in previous years, the statistical matter being removed from the descriptive matter and confined to a separate section (page 47 et seq.). The text contains references which will enable the appropriate table or chart to be easily found, and the marginal headings and index will direct the reader to any section dealing with a subject in which he has a particular interest.

As usual the Reports of the Chief Sanitary Inspector and of the various executive medical officers are included in this volume. These will be found of considerable interest.

The year was an exceedingly busy one, the members of the staff being called upon to exert themselves to the utmost in order to overtake the work. I take this opportunity of thanking them for their valuable services and of assuring them that their loyal support is fully appreciated.

I am, Gentlemen,

Your obedient Servant,

W. L. Burgess.

Medical Officer of Health.

STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health............W. L. Burgess, M.D., D.P.H., D.T.M. & H.
Chief Sanitary Inspector..Robert Mitchell.
Veterinary Inspector...Hugh Ferrier, M.R.C.V.S
Chief Tuberculosis Medical Officer.....................J. H. Hunter, M.B., D.P.H.
Assistant Tuberculosis Medical Officer..................Arthur Meek, M.B., D.P.H.
Child Welfare Medical Officer............Margaret Scott-Dickson, M.B., D.P.H
Medical Officer, Ante-Natal Clinic (part time) Margaret Fairlie, M.B., Ch.B
Dental Surgeon—Special Child Welfare Dental Clinic (part time)—
H. Gordon Campbell, L.R.C.P., L.D.S

Medical Officer, Venereal Diseases Scheme—
Charles Averill, M.A., B.Sc., M.D., D.P.H.

Medical Officer, Women's Section, Venereal Diseases Scheme—
Andrewina Laird, M.B., D.P.H. (resigned 15th April, 1925).
Annie Fulton, M.B., D.P.H.

City Analyst (part time).................................Andrew Dargie, B.Sc., A.I.C
Matron, King's Cross Hospital..Miss M. A. Clark.
Senior Resident Medical Officer, King's Cross Hospital—
William McKie, M.B., D.P.H.

Junior Resident Medical Officer, King's Cross Hospital—
J. W. Winchester, M.B., Ch.B. (resigned 31st July, 1925).
A. Henderson, M.B., Ch.B.

Matron Ashludie Sanatorium...Miss A. Henry
Clerical Staff..7 Clerks.
Sanitary Staff...................................1 Superintendent and 17 Inspectors.
Health Visitors—Child Welfare—Miss Hunter, Superintendent, and 10 Others.
Tuberculosis .... 3 Nurses.
Venereal Diseases ...... 3 Male Nurses and 1 Female Nurse.
Day Nursery Staff..4 Matrons, 8 Nurses, etc.
Epidemic Officers, Disinfecting Officers, Ambulance Drivers, Hospital Staff, etc.

ANCILLARY INSTITUTIONS.

Bacteriological Laboratory, University College.
Director—Professor W. J. Tulloch.
Assistant—James Craigie, M.B., Ch.B.

Infant Hospital, The Lodge, Broughty Ferry.
Matron—Miss Edwards.
Resident Medical Officer—Hermina M. Morrison, M.B., Ch.B.

Seafield Hostel, Lochee Day Nursery, etc., etc.

Summary of Vital Statistics.

The following is a summary of the principal statistics for the years 1923, 1924, and 1925.

	1923.	1924.	1925.
Population	170,901	171,295	169,361
Number of Deaths (corrected)	2,517	2,809	2,825
Death-rate per 1,000 population (corrected) ...	14.7	16.4	16.7
Deaths of Infants under 1 year	410	464	467
Infantile Death-rate per 1,000 Births ...	98	120	126
Marriage-rate per 1,000 Population	8.3	7.6	7.6
Number of Births registered (corrected) ...	4,199	3,865	3,694
Birth-rate per 1,000 Population	24.6	22.6	21.8
Illegitimate Birth-rate per 100 Births ...	7.9	7.2	6.4
Number of Deaths from Pulmonary Tuberculosis	167	146	148
Death-rate per 1,000 from Pulmonary Tuberculosis	.98	.85	.87
Death-rate from all forms of Tuberculosis ...	1.43	1.23	1.22
Death-rate from the Principal Epidemic Diseases	1.17	1.69	1.70
Deaths from Enteric Fever	3	1	0

Annual Report—1925.

Population and Vital Statistics.

The population of Dundee at the middle of 1925 is estimated by the Registrar-General to have been 169,361, and that figure is used in preparing the 1925 statistics which are based on population. Deaths occurring among patients in the Dundee and District Asylum at Westgreen (outside the city boundary) are transferred to Dundee, and, therefore, the patient population of that Institution—about 500—should be added to the Registrar-General's figure. In the interests of uniformity, however, that alteration is not made.. From the middle of 1924 to the middle of 1925 the population of Dundee is believed to have fallen by 1934, the 1924 estimate being 171,295. Such a marked drop is difficult to account for, but it must be remembered that there is no satisfactory method of estimating the population in intercensal years. Estimated populations are, therefore, unreliable. That is made evident by a scrutiny of the population figures shown in Table XIII. The estimated population for the year immediately preceding each census year is, with one exception, very much higher than the actual figure obtained at the subsequent census. Under existing conditions it is impossible to obtain more exact estimates, and, failing a more frequent enumeration of the population, we must use the only available data, inaccurate though they are. in preparing the population estimates. But it must be noted that the vital statistics based on these estimates are correspondingly unreliable.. The age and sex distribution of the population is assumed to be the same as found at the 1921 Census, and Table I. is prepared on that assumption.

In my Report for 1924 it was stated that the vital statistics for that year could not be considered satisfactory. Unfortunately the same remark may be applied with greater emphasis to the year now under review. The rates for 1925 are undoubtedly bad. That fact cannot be avoided. It is obvious from the Summary of Vital Statistics shown on an earlier page. The general death-rate of 16.7 per 1,000 population is the same as occurred in the year 1922, and we have to go back to 1918 (the year of the influenza pandemic) to obtain a higher figure. It was then 17.4. No particular disease or group of diseases was entirely responsible for the high general death-rate. There was again an increase in the number of deaths from respiratory causes, there being 518 such deaths in 1925 and 502 in 1924. The progress of the respiratory death-rate during the last 50 years is shown on Table XVIII. Distinct improvement is evident, but there is a long way to go before the figure can be considered satisfactory. It might be noted here that the number of deaths certified in 1925 as due to tuberculosis is the lowest yet recorded in the city. The number was 207, while there were 211 such deaths in 1924. The fall is certainly a tiny one. Nevertheless, it is important. That tuberculosis is steadily coming under control there can be no doubt, and the two figures quoted above compare very favourably with the figures 319, 375, 388, and 354, which represent the number of deaths due to tuberculosis which occurred in the comparatively recent years 1913, 1914, 1915 and 1916 respectively. Apparently tuberculosis did not react so markedly to the circumstances which were responsible for the high death-rates from other causes. The deaths from the ordinary infectious diseases were unusually numerous, the epidemic prevalence of scarlet fever and diphtheria accounting for the increase. Malignant disease was responsible for an increased number of deaths, the rate from this cause being second to that for the year 1921, which is the highest yet recorded (Tables XV., XVI., and XVII.).

The monthly death-rate was highest in January and lowest in July. The rates were above the figure for the whole year in January, February, November, and December, equal to it in April, and below it in the other months.

The death-rate from all causes at the various age periods in 1925 and recent years are given in Table IV. The figures speak for themselves. The rate at practically every age was unduly high last year. Unfortunately infants at ages under one year shared in the rise, the infantile death-rate being 126 per 1,000 births, compared with 120 in 1924 and 98 in 1923 (Chart 2 and Tables X. and XI.). Respiratory diseases and infections diseases were mainly responsible for the high figure. The highest rate occurred in January, and, with the exception of May, June and July, the rate every month exceeded the hundred. Infantile mortality in Dundee was dealt with fully in the last Annual Report, and it is not proposed to make further comment in this one.

Tables V., VI., VII., VIII. and IX. show the various death-rates in each of the wards in the city in 1925 and recent years. Wards 1, 3, 6, 8 and 9 had last year a general death-rate higher than that for the whole city. The highest figure, which is usually found in Ward 6, occurred in Ward 9, with 18.6 per 1,000 living.

Food Supply.

The food supply to the city was subjected to the usual supervision. A description of the work done is given by the Chief Sanitary Inspector in his report, including details of the foods sampled, inspections made, &c. As requested by the Scottish Board of Health, he has submitted observations on the sanitary conditions of premises where foods are manufactured, prepared, stored or exposed for sale. In this connection bakehouses in the city require some comment. These were subject to the usual routine supervision, numerous visits being made by the inspectors. I gave personal attention to a few to which my attention had been specially directed. I must say that the conditions found were not by any means satisfactory. The premises in some cases were structurally unsuitable. More frequently they were out of repair, badly lighted and badly ventilated. Untidiness and lack of cleanliness were also very much in evidence. Certain of our bakehouses are of the underground type, having been so used at the passing of the Factory and Workshop Act, 1901, and certified as suitable by the Local Authority. There is no provision in the Act for the cancellation of a certificate of suitability granted by a local authority, and there would appear to be some doubt whether or not a local authority has the power of cancellation even if the state of an underground bakehouse becomes unsuitable. Certainly any type of bakehouse can be dealt with under Section 98 of the Factory and Workshop Act, but to revoke a certificate would be much more effective. A right of appeal to the Sheriff against cancellation, as in the case of a refusal to certify, would be necessary. Section 98 itself could, I think, be improved. The occupier has to bear the brunt of any successful action even although the structure of the premises is really at fault. Recently an occupier of a bakehouse had to vacate premises as the result of action taken by us under Section 98. The bakehouse is now unoccupied, but there would appear to be nothing to hinder the owner again letting the premises as a bakehouse. Power is required enabling local authorities to prohibit the use, as a bakehouse, of premises which they are satisfied are unsuitable. Indeed, such power is required in connection with the preparation of all foods. The storage facilities, methods of handling during preparation and distribution, cleanliness, tidiness &c., in bakehouses, restaurant kitchens, &c., are all matters which require constant supervision. But it should be possible to apply pressure when advice is disregarded. A more complete system of registration and regulation is necessary. Recently this country has been very active in introducing Regulations, &c., intended to improve the standard of purity of certain foods, especially of meat and milk. These developments are dealt with more fully below. The Public Health (Preservatives, &c., in Food) Regulations (Scotland), 1925, come into operation on the first day of January, 1927. These must be followed by others framed with the object of facilitating the proper supervision of the handling of prepared foods sold to the public. I have particularly in mind the preparation of foods supplied by retail and in restaurants, but the same remarks may be applied to the manufacture of foods on a larger scale. Within the last few years Scotland has adopted a progressive policy in the matter of food purity. Such a policy must be pursued with unabated vigour.

Milk Supply.

On 8th June, 1925, the Scottish Board of Health issued the Milk and Dairies (Scotland) Act, 1914 Commencement Order, 1925, in terms of Section 14 (b) of the Milk and Dairies (Amendment) Act, 1922. Under this Order the Milk and Dairies (Scotland) Act, 1914, came into operation on 1st September, 1925. In July, 1925, the Public Health Committee were appointed under Section 23 to exercise all the powers of the Town Council under the Act. In October the Town Clerk issued a short report on the various provisions contained in the Act, and the Medical Officer of Health was appointed by the Public Health Committee officially responsible for the administration of the Act in Dundee. At the same meeting I was instructed to prepare a report on the administrative action necessary, and on the appointments which might have to be made. The recommendations contained in that report were approved of. They include the following :—

1. Appointment of Veterinary Inspector.—That Hugh Ferrier, M.R.C.V.S., should be appointed Veterinary Inspector under the Milk and Dairies (Scotland) Act, 1914.

2. Duties of Veterinary Inspector.—Regulations.—That it be remitted to the Town Clerk and the Medical Officer of Health to frame draft regulations for submission to the Public Health Committee regulating the duties for the purposes of the Milk and Dairies (Scotland) Act, 1914, of the Veterinary Inspector and his relations to the other officers of the Local Authority.

3. Inspection of Dairies—That the Chief Sanitary Inspector be the officer authorised in writing by the Local Authority to inspect dairies as may be required for purposes of the Milk and Dairies (Scotland) Act, 1914, and any Bye-Laws and Orders issued under that Act.

4. Register of Dairies and Dairymen.—That the Chief Sanitary Inspector be authorised to keep the registers of dairies and dairymen in terms of the Milk and Dairies (Scotland) Act, 1914, and the Milk and Dairies (Amendment) Act, 1922.

5. Report on Premises, &c.—That the Medical Officer of Health and the Chief Sanitary Inspector be authorised in writing to prepare jointly the report on premises, &c., which the Local Authority require before considering any applicaion for registration.

6. Bye-Laws.—That it be remitted to the Town Clerk, the Medical Officer of Health, the Chief Sanitary Inspector, and the Veterinary Inspector to frame draft Bye-Laws for submission to the Public Health Committee.

7. Bacteriological and Other Examinations.—That the existing arrangements with Professor W. J. Tulloch, University College, Dundee,

and Mr Andrew Dargie, City Analyist, Dundee, for carrying out examinations of specimens and samples of milk, &c., be utilised for any such examinations necessary under this Act.

Appointments were made in accordance with these recommendations. Draft regulations have since been prepared in accordance with (2) and draft bye-laws in accordance with (6). The Chief Sanitary Inspector is now engaged in the preparation of the register.

The coming into operation of the Milk and Dairies (Scotland) Act, 1914, marks an important stage in the history of milk production and distribution in this country. The appointment of veterinary inspectors to carry out the routine inspection of cattle in dairies is one of the most important provisions. While the cattle in Dundee dairies have been subject to inspection by the Local Authority's veterinary surgeon, it is intended that this inspection will be much more complete in the future. The Dundee Regulations require the veterinary inspector to examine all the cattle in Dundee dairies at least once in every four months. He must report the result of each such inspection to the Local Authority. Points to which attention must be directed include not only the health state of the cows but such others as the general condition and cleanliness of the animals, the nature of the fodder, the diet of the cows, the number of cows in milk, the number not in milk and the manner in which the milk from diseased cows is disposed of, &c. Complete records of all the findings must, of course, be kept by the veterinary inspector. There are great possibilities in this part of the campaign. Careful examination combined when necessary with the application of the tuberculin test and bacteriological examination of milk samples will result in the earlier discovery of tuberculosis in cattle and ultimately in a definite decline in the prevalance of the disease. The Tuberculosis Order of 1925 issued under the Diseases of Animals Acts, and which also came into operation on 1st September, provides, among other things, for certain precautions which must be adopted with respect to milk from any cow suspected to be suffering from certain specified forms of tuberculosis and for the slaughter of any animal proved to be suffering therefrom, the owner receiving certain compensation. The year 1925 has therefore considerably strengthened our machinery for dealing with tuberculosis among cattle, and thereby lessening the risk of infection, via the milk, of human beings, particularly infants and children. It remains for the Local Authority and the officials to use it well. The Act confers additional powers on the local authorities in regard to registration. A certificate of registration may be refused or revoked by a local authority if the applicant or his premises are or become unsuitable. This new power will make it possible to exclude undesirables from the milk trade. This is a very important matter, as undoubtedly the production and distribution of milk is a skilled occupation and should only be open to intelligent individuals who are thoroughly alive to their responsibilities and who have the necessary knowledge. experience and training. The individual is even of more importance than the premises. More rapid progress and more permanent improvement is likely to ensue by the discreet administration of the spirit of the Act rather than the prompt enforcement of its every detail in the light of our ideals as sanitarians. In the matter of registration " unsuitable " is the word used in reference to the individual and premises. The interpretation of the word is left to the local authority and their officials. Enthusiasm may have to be restrained, but progress is bound to follow the exercise of a proper understanding. There are many premises in Dundee used as dairies which we would like to see used for purposes other than the handling of such an important and susceptible food as milk, and while the requirements of the Bye-laws must be fulfilled, we must have strong reasons for refusing or revoking a certificate on that account if we are satisfied that the applicant has the necessary skill and the will to use it. The local authority need have no hesitation in dealing with the dairyman who has been convicted for interfering with the nutritive qualities of the milk or who has shown himself incapable of providing his customers with a clean supply. To permit such a person to continue in possession of a certificate of registration would mean the sacrifice of the health of infants and children in order to benefit an unscrupulous or careless dairyman. The health authority can now deal promptly with such an individual by sweeping his name off the register.

The new Bye-laws under the Act make more demands than our old Regulations under the Dairies, Cowsheds, and Milkshops Orders, and their enforcement will undoubtedly make for improvement in the purity of the milk supply. So also will the Milk and Dairies (Scotland) Order, 1925, issued by the Scottish Board of Health under Section 7 (10) and 12 (2) of the Act. Provision is made in the Bye-laws for the routine inspection of all dairy premises within the City at least once in every four months by the Chief Sanitary Inspector. This will ensure that a dairy cannot for long escape detection if it is not being kept in conformity with the Act and its Orders and Bye-laws.

Up to the present we have been engaged in considering the best method of putting the Act into operation in this district. A considerable time must elapse before its provisions can become effective. The milk problem has not by any means been solved, but the year 1925 has provided a much-needed impetus which will carry us on a good way until circumstances make still further advance possible.

The actual work of supervision of the milk supply was carried on last year under the old machinery. Details are given by Mr Mitchell in his report. The number of milk producers and retailers on the register on 31st December was 954. On the corresponding days of the years 1922, 1923 and 1924 the numbers were 344, 782 and 886 respectively. The rapidly-swelling figures are due to the registration of a large number of purveyors who are permitted to sell milk in sealed bottles only. The condition is imposed because these purveyors are mainly engaged in the retail of commodities other than milk, and the sale of open milk from their premises is not considered permissible. The use of sealed bottles for the distribution of milk is without doubt a good thing, and it is recommended that consumers should give preference to milk protected in this fashion. Nevertheless, some knowledge of the previous history of the milk since the time of its production is also advisable. Mere bottling is no guarantee of purity. Information regarding the time, place, and manner of bottling and sealing, &c., is also essential. The marked increase in the number of milk selling agencies is no doubt a great convenience to the public, but I am not enthusiastic. Efficient supervision is made more difficult. Even admitting that the new entrants do not require so much supervision, the old standard of inspection cannot be maintained without an increase in the inspecting staff, and there has been no increase. Friendly co-operation between the inspecting officers and the dairymen is the significant factor. Helpful advice will succeed on occasions when official criticism is bound to fail. With too big a district to cover, the habit of merely popping in to see how things are getting on is apt to be encouraged. Useful consultation and inspection become impossible owing to lack of time. During each of the four years 1922-25 the number of inspections made was 2,428, 2,495 3.013 and 3,571.

Tubercle baccilli were found in one of 24 samples of milk examined. The test animal showed very extensive tuberculosis of bovine type. The milk was purchased from a retail van belonging to a producer (21 cows) in Dundee. During the period 1922-25 inclusive 84 samples of milk, purchased from various dairies, vans, &c. were examined for tubercle bacilli. Positive results were reported in 3, that is, 3·57 per cent.

An analysis of the results of the examination of 72 samples of milk submitted to him for investigation in regard to (a) presence of b.coli, and (b) total bacterial count, is given by Professor Tulloch in his report (page 131). The samples were all taken at various points in the course of distribution to customers, such as dairy milk stores, vans, and purveyors' shops. It will be noted that some of these samples are exceedingly good as judged by the bacterial standard, while some are exceedingly bad. There is not much evidence of improvement over recent years.

Appreciating the necessity of giving a pure food to the infants under their charge, the Directors of the Dundee Infant Hospital issued a request for a regular supply of Grade A. (Tuberculin Tested) Milk, that is a milk from cows guaranteed free from tuberculosis and produced and delivered in accordance with certain conditions ensuring a high standard of cleanliness. They are now obtaining such a supply. A neighbouring dairy undertook the task, and the Town Council granted the necessary license. More recently the same dairyman obtained the necessary authority to produce and purvey Certified Milk. The dairy premises are not by any means model in structure, but I believe the dairyman has the skill and determination to provide the article demanded. At any rate, he has been given the opportunity, and any assistance we can give him will be gladly granted. The Infant Hospital Directors are to be congratulated on their venture. Its effects may extend far beyond the boundaries of their excellent Institution.

Towards the end of the year a very limited enquiry was made into the question of the amount of milk consumed per head by members of the lower-paid working class families. Information was obtained from 100 households. These were unselected, except that they were families visited for the purpose of routine child welfare work. The total number of persons in the 100 families was 605, consisting of 214 under 5 years (67 under 1 year and 147 over 1 and under 5 years), 157 from 5-15 years, and 234 over 15 years. The average daily consumpt of milk per head was just under one-third of a pint. Thirty-one of the infants were breast fed and 5 were partly breast fed. In 59 of the 100 families the raw milk was supplemented by weekly supplies of prepared milks, as follows:—Condensed skimmed milk—42 families; condensed full cream milk —14 families; others—3.

Further details of the enquiry cannot be given here, but the above facts are significant. The small amount of raw milk consumed per head is striking, especially considering the high proportion of infants and children in the families investigated. The use of condensed milk of the skimmed variety in 42 out of 100 households is also a feature worthy of note.

Meat Inspection.

The Public Health (Meat) Regulations (Scotland), 1924, are now functioning in Dundee. There are three part-time meat inspectors (Mr Anderson, Slaughterhouse Superintendent, the Veterinary Surgeon, and the Medical Officer of Health), two whole-time detention officers, and the half-time services of a clerk. The staff is therefore complete. The uniform standard of meat inspection as laid down in the regulations has been adopted and is now in operation in Dundee. I can say without reserve that the scheme is a complete success. The carcase of every animal slaughtered in the Slaughterhouse is thoroughly inspected at the time of slaughter by skilled officers. The records for the year 1925 are shown in another part of this book (Tables XLIII. to XLVII.). In submitting these records Mr Anderson makes the following observations:—

> " I herewith enclose compilations of figures for annual report on Meat Inspection, which on examination you will find to contain wide differences in comparison with last year, due, of course, to the effect of routine inspection in the process of slaughter, to the provisions of the Meat Regulations with respect to the admission of dead animals slaughtered in emergency, and also to the reduction in consignments to the Meat Market of dressed carcases, the latter two of which, in former years, contributed largely to Dundee's seizure totals.
>
> Under Table 1. (XLIII.) you will observe that the number of tuberculous cases detected during 1925 amount to 1,255, as compared with 580 during 1924, an increase of 675 cases, while the number under the heads of fevered conditions, fractures and bruises, inflammation of abdominal organs, and actinomycosis show a distinct reduction, thus affecting very materially the grand seizure total for this year. A striking feature as a result of the coming into force of the meat regulations is the fact that many more ailing animals are sent to the Slaughterhouse alive, and in quite a number of instances consigned before the diseases or conditions have reached a stage producing post-mortem alterations of the flesh sufficient to call for condemnation of the carcases.
>
> During the year there has also been a large increase in the number of separate diseased organs seized and condemned.
>
> Table 3 (XLV.), which shows the record of seizures from dressed and undressed carcases brought to the Slaughter-houses, contains the greatest comparison between the years 1924 and 1925. During 1924 100,240 pounds from such

carcases were seized, while during 1925 the poundage fell to 34,959, a reduction in weight of 65,281 pounds, thus demonstrating very clearly that the totals of former years were governed largely by condemnations from carcases slaughtered in emergency at other centres and consigned to Dundee Meat Market for disposal.

In conclusion, I wish to state that, after having completed a full year's work under the provision of the regulations as a result of the installation of detention officers, there has been a huge increase in the number of detained carcases, with a consequent substantial increase in the work attached to, and time occupied in, final examination, cutting and disposing of affected carcases and organs. The total seizures for the year as compared with last year show a decrease amounting to 53,698 lbs., but, while the number of diseased carcases consigned to the Meat Market has substantially decreased, the work in that direction has not decreased correspondingly, as you will no doubt realise that large numbers of these carcases required very little time spent in examination, most of them being in a condition that justified condemnaion and seizure at sight."

These remarks of Mr Anderson show the general effect of the new development, and emphasise the necessity for its introduction. But there is another matter which is not so satisfactory, and, as Medical Officer of Health and a Meat Inspector, I must take this opportunity of referring to it. The Slaughterhouse premises require the immediate attention of the Town Council. Their design is antiquated. Many of the buildings are in a dilapidated condition. The Superintendent is to be congratulated on the care he bestows on them in order to maintain as high a standard of cleanliness as is humanly possible under the circumstances. But how difficult it is! How impossible it is to carry out efficiently a complete system of meat inspection. In the interests of hygiene the matter must be considered as urgent. The drainage all over is hopeless, and dampness prevails everywhere. The slaughtering booths are out of date, and the majority of them are out of repair. They are too scattered to make adequate supervision possible. The various lairages are badly constructed, ill-drained, dark and dingy. The premises in which the various by-products are handled are in some cases extremely insanitary, mainly by reason of bad ventilation, rough walls, improper drainage, &c. Even the Meat Market itself is dingy because of the obscured roof lighting. Indeed a complete reconstruction or a new abattoir is required. To patch up the present buildings would be a waste of money. The obstacle to a complete scheme of rebuilding is, of course, the cost, and undoubtedly it involves a big expenditure. Neverthless a thorough investigation of the whole question will, I venture to think, demonstrate possibilities on the business side as well as certainties on the hygienic side.

Drug Sampling.

A beginning was made during 1925 with the analysis of medicines dispensed by chemists. The samples were taken by means of prescriptions prepared for the purpose. No action was necessary under the Food and Drugs Acts. Indeed, the Analyst's reports were on the whole satisfactory, there being evidence of carelessness in dispensing in one or two cases only. We were unable to take samples of medicines supplied by chemists under the provisions of the National Health Insurance Acts, but circumstances will make it possible for this to be done during the present year.

Factory and Workshop Act.

The work done under the Factory and Woikshop Act, 1901, was on the usual lines. Some 1,046 visits were made by the inspecting staff. The question of bakehouses is referred to under the heading of "Food Supply," and the tabular statement in the form desired by the Home Office is included in this volume (Table XXXVIII.).

General Sanitation.

The sanitary condition of the city is dealt with by the Chief Sanitary Inspector. Distinct progress is recorded. The only matter to which I must direct special attention is the methods used for the removal and disposal of dry refuse in the city. Complaints are continually being received of nuisances caused by this refuse at various points in its journey from the places of production until it reaches its ultimate destination. Ashpits and dustbins are frequently the sources of trouble. Temporary dumps at street corners have more than once been complained of. Waggon loads of refuse in railway sidings within and without the city have also furnished causes for complaints, and finally the huge accumulations of refuse to be used for manurial purposes dotted here and there in the fields inside and outside the city boundaries have given the Sanitary Department considerable trouble. It cannot be denied that the refuse may be very offensive and may give rise to nuisance. It does so by reason of effluvia, the blowing about of light material, harbouring rats, &c. It should be quite clear in the minds of those responsible that the object of a system of cleansing is to remove domestic and other refuse as rapidly as possible from the neighbourhood of the people and dispose of it in such a manner that no injury to health is liable to occur. That is the reason of the existence of a cleansing department. Subject to this primary function being carried out efficiently, the system to be adopted must be the most economical one. The Dundee refuse appears to be of some manurial value, and is apparently particularly suited to the land in and around the city. Farmers are glad to use it. But the supply of crude refuse to farmers is undoubtedly giving rise to nuisance. The system at present in operation has repeatedly proved to be liable to cause injury to the health, and in fact the Local Health Authority is itself the author of nuisances which are preventable. That should not be. It should be possible to treat the city refuse in such a fashion as to render it less objectionable and yet preserve or even improve the manurial qualities of the residue for the use of farmers. The collection of refuse is carried out by the Local Authority and the aim should be a daily collection. That may not be possible all over the city, but it should be considered as the desirable arrangement. In certain parts of the city it should be deemed absolutely necessary. There tends to be a difference of opinion as to the comparative qualities of the ashpit and dustbin. I have no doubt about the matter. In my mind the latter is much to be preferred. Again, there is some doubt as to the person who should be responsible for the provision and maintenance of the receptacle used for the temporary storage of house refuse. The legal position is somewhat involved and is responsible for some confusion. This no doubt explains to some extent the slow and indefinite progress which is being made. The varying housing conditions to be found in a city like Dundee make it difficult to legislate for all the different conditions liable to be met with. The ideal would be a separate dustbin for each household, the occupier being responsible for its provision and maintenance. Such a dustbin would have to be standard in shape and size, &c. The Local Authority might keep a stock for issue at cost price. While the occupier supplied the bin for his own use, the owner would have to provide a suitable place, either within or without the house, for keeping the bin. Such a place could only be considered suitable if easily accessible to the occupants of the house but not to others. The cleanliness of the bin and of the place where it is kept would then be the duty of the tenant. There would be no divided responsibility and no difficulty in finding the author of any nuisance which might arise. The Local Authority would, of course, arrange for the regular emptying of the bins, although the tenants might be required to place the bins at convenient places at certain hours to be fixed. Such is an outline of what may be considered as a very suitable scheme. Unfortunately, it is impossible of attainment except in a comparatively small proportion of houses in Dundee. The difficulty arises from the fact that suitable places of the kind required for keeping dustbins do not exist in the majority of homes. Accordingly, if dustbins are used at all they have to be kept in back courts and used in common by members of more than one family. Neglect is sure to follow such an arrangement and nuisance is a common occurrence. It is impossible to fix the responsibility, and the work of the Cleansing and Sanitary Departments is rendered exceedingly difficult. In too many cases these common dustbins are situated in places very inaccessible to the houses they are supposed to serve, and this fact is very often the cause of nuisance. A housewife cannot be expected to run up and down many flights of stairs several times a day, and the storage of refuse within the house for prolonged periods is encouraged. The provision and maintenance of common dustbins must, in my view, be the responsibility of the owner. An occupier is entitled to a place of his own for keeping his own refuse receptacle, and if the owner fails to provide such a necessity and a place open to others is used, then the owner must provide and maintain the receptacle. There are many complaints regarding bad usage of common dustbins, and these are often well founded. The only satisfactory remedy is the one outlined above. Ashpits can never be anything but a nuisance. Failing a comprehensive scheme for their abolition they should be dealt with methodically one by one as statutory nuisances under the Public Health (Scotland) Act. There must be very few of them in Dundee which could not be so dealt with. A definite move is certainly urgently necessary, and the aim should be, when at all possible, a separate bin in a separate place for each separate household.

Housing.

In attempting to safeguard the public health many problems present themselves. Some of these are easy of solution, while many are difficult. Ignorance of the causes of certain diseases and therefore of the appropriate preventive procedure is sometimes responsible for failure. But not always. The remedy may be known, but it is not by any means always administered. There would appear to be a very decided difference in our attitude towards the health of the individual and the health of the public. The individual who becomes a victim of a serious malady immediately enlists the sympathy of everyone. The necessary remedies are promptly obtained and applied. If poverty makes it impossible for him to purchase the remedy the community steps in and provides it, no matter what the cost may be. Yet when the community itself is threatened or even attacked by disease there is a tendency to hesitate before applying those preventive measures which have proved to be effective. The reasons for this hesitancy are many. There may be doubt in the minds of the public as to the efficiency of the measures advocated. The cost may be considered prohibitive. Even if the expenditure is believed to be justifiable the sources of revenue and the channels through which the money will be permitted to flow may give rise to differences of opinion. No matter what the reasons may be, this hesitancy tends to encourage the use of the palliative in preference to the real preventive measure. That palliatives are necessary I do not question. Far from it. They are essential and must be employed for many years to come. The building of a sound public health machine must take a considerable time, and even when completed years must elapse before it can produce its full effects. Nevertheless, it must be borne in mind that as a rule substitutes are more expensive than the real article, and the substitute in disease prevention is no exception to this rule. Our aim should be to use palliatives to the full while they are necessary, but to take steps to make it possible for us to eliminate them one by one from our health equipment until an essential minimum is reached. That is the quickest road to economy and health. While the general type of preventive equipment required is the same for all parts of this country, local circumstances demand modifications in type and variation in the methods of development and use. The administrative machinery already in operation makes these adjustments possible and even easy of attainment. The central health authorities have the responsibility for securing a certain uniformity all over the country, while the local health authorities, being naturally more familiar with local needs, make the adjustments which, in the light of their special knowledge, are considered necessary. The fact that health is not a parochial but a national question is recognised in the adoption of a system whereby local authorities are given assistance from State funds to enable them to create their local health machinery.

The somewhat general remarks which I have made in the preceding paragraph are of wide application, but in writing them I have in mind one particular health problem, namely, housing, and as Medical Officer of Health I am thinking of the housing problem as it presents itself in Dundee. Housing is one of immediate importance all over the country, but nowhere is it more urgent than in this city. During recent years, Dundee Town Council have been engaged in a campaign which, if continued, will strike more directly at the roots of disease than any other health campaign which they have hitherto undertaken. The evidence of their activity is now becoming more obvious to the eye. A municipal housing scheme is met with if one walks in almost any direction. Since the campaign began many houses have been completed, and many others are now in course of erection. I am informed that a large number has been approved of and is to be proceeded with immediately. Definite progress can therefore be recorded. But still more houses are required, and the Town Council, as the Local Health Authority, must see that they are provided. The actual living conditions of the people in a city like ours is the very essence of the health problem, and progress in the improvement of these conditions is an essential preliminary in any endeavour to combat disease successfully and thereby provide a permanent safeguard to health. The provision of houses must therefore proceed, and at a greater rate than heretofore, until it is agreed that the environment of the people is satisfactory. The Chief Sanitary Inspector in his Annual Report on Housing for 1925 points out that between 1919 and 1925 inclusive, a period of seven years, a net total of 1,165 houses was provided. These have resulted mainly from municipal enterprise, for on 31st March of the present year the Housing Director reported that his Department had completed 986 houses, that 917 were either under construction or contracted for and approved of, and that 120 were under consideration but not yet approved of. It would appear, therefore that the rate of progress is increasing. Any interruption would be a serious matter. The Scottish Board of Health, in their instructions on the preparation of annual reports for the year 1925, ask medical officers of health to deal specifically with the question of the sufficiency of working class dwellings. They state that information should be given as to the number of houses estimated at 31st December, 1925, as then required adequately to meet the needs of the district of the Local Authority, including houses required to replace houses at present occupied that should be closed and demolished. I have no hesitation in saying that the number of working-class dwellings in Dundee is insufficient. In December, 1924, I estimated that 8,000 new houses would be required in the next 15 years. There is no reason to alter that estimate now. Some 2,000 houses are required immediately to replace those at present in occupation which are unfit for human habitation. Last year 277 more houses were made available. There is evidence, however, that this figure will be markedly improved during the present year, and that it will approximate the annual output. which must be maintained if the housing problem is to cease to be a problem in a reasonable period. House building has had so many setbacks that one is afraid of anything which may cause the stoppage of or even the slightest delay in the campaign. I think there can be no doubt that the public are convinced that more houses are required. The main difficulty is the expenditure. That difficulty is a specially serious one in Dundee. owing to the fact that the section of the population for which the houses are most urgently required cannot possibly pay present-day economic rents. We cannot get behind that fact. It must be faced. According to the 1921 Census 32,304 workers in Dundee, or 35.8 per cent. of the total occupied, are engaged in occupations connected with textile manufacture. They include spinners, weavers, tenters, winders &c. Here we have our peculiar problem. These workers can command only a very low wage, and the rent which they can pay is correspondingly low. It would appear that substantial assistance is absolutely necessary. Otherwise the workers are condemned to carry on in their old surroundings until economic conditions undergo a marked change for the better. And when will that be ? In 1924 I represented the Blue Mountains Area as suitable for an improvement scheme. In due course an Improvement Scheme was prepared and subsequently confirmed by the Scottish Board of Health. There are other areas requiring to be dealt with in a similar manner, and indeed an area in the Small's Wynd district is at present under survey for purposes of official representation. The progress recently made in the construction of new dwellings raises the hope that these efforts at slum clearance will soon get beyond the paper stage. The expenditure necessary for housing is without doubt a very serious matter, but so also are the conditions calling for it. They are frightfully serious and frightfully expensive. We are employing palliatives every day in desperate efforts to bring relief, but they are only palliatives. The year 1925 was one showing excessive prevalence of infectious disease in Dundee. The morbidity rate was unusually high. The death-rate was unusually high. The expenditure was unusually high. There are many factors influencing the prevalence of infectious disease, but surely no one will deny that housing is one of them. Bad housing by lowering resistance undoubtedly predisposes to infection. Proximity of individuals facilitates the conveyance of the infecting organisms from person to person. How can proximity of individuals be avoided with things as they are ? A reduction in the case rate and death rate is bound to follow the carrying out of a far-seeing housing policy. The Public Health Committee have recently authorised the installation of artificial sunlight lamps at various of their Institutions. The object is to prevent, relieve or cure those conditions which may follow the lack of natural sunlight. Dwellers in congested areas seldom get any benefit from the sun. Its rays cannot enter their houses because the houses have been built too closely together. The windows are too small. Buildings are too high and streets too narrow. The back courts, if there are any, are tiny and surrounded by many storeyed buildings. The atmosphere is too smoky. Children must remain in the house or play in the sunless street, alley, or court. Hence the prevalence of rickets and other nutritional disorders among these children. Some attempt is made by the Town Council and others to prevent or cure these ailments by means of artificial sunlight lamps which "bottle sunlight." The artificial production of ultra-violet rays is a wonderful discovery which, if used in a proper manner, will have an important influence on the future of public health. But is it not a palliative ? Does it not cost money ? Why not then let those children derive benefit from the sun itself every day of their lives in the most natural manner possible, while exercising themselves at play in the open air. The new housing schemes already completed have demonstrated the possibilities. The houses themselves are provided with all the requirements for healthy living. But, and this is equally important, the layout is arranged to permit proper circulation of air and free access for the rays of the sun. The streets are wide and the houses are well spaced. The open space or garden surrounding each dwelling or small block of dwellings makes healthy recreation and exercise in the open air possible for young and old alike. And one does not require to go far to see that these facilities are appreciated and used.

The Annual Report on Housing of the Chief Sanitary Inspector contains details of the housing activities in Dundee during 1925. These need not be repeated here. In emphasising the need for more houses the average increase in the number of marriages is compared with the average increase in the number of houses. Mr Mitchell points out that many newly-married couples find it impossible to obtain houses of their own. He states also that overcrowding is still prevalent and that no improvement can be recorded. He deplores the fact that he can do nothing to suppress it.

The information required by the Scottish Board of Health in regard to the Housing (Inspection of District) Regulations, 1910, will be found on page 185.

Infectious Disease.

The infectious diseases again prevailed to an extraordinary extent. Altogether 5,444 cases were notified or intimated to the Department. First place must be given to scarlet fever with 1,528 cases. Measles, whooping cough, and diphtheria follow with 806, 706 and 648 respectively. There were 585 intimations of chickenpox, 417 notifications of acute primary pneumonia and 401 of tuberculosis. The work involved in the control of these infections kept the staff exceedingly busy. Hospital accommodation proved quite insufficient, and a large proportion of the patients had to be treated in their own homes, very often under conditions which made proper isolation impossible. Of the 5,444 cases 2,109 received treatment in Hospital. The lack of beds rendered the work exceedingly difficult. In 1924 there was a total of 5,832 cases, 1,825 of which were removed to Hospital. Compared with 1924, there was in 1925 an increased prevalence of scarlet fever, diphtheria and whooping cough, and a fall in the incidence of measles. The death-rate from the principal epidemic diseases (enteric fever, measles, scarlet fever, whooping cough, diphtheria and infantile diarrhœa) was 1.70 per 1,000 population compared with 1.69 in 1924 and 1.09, .80 and 1.17 in 1921. 1922 and 1923 respectively. The increase last year was due entirely to a rise in the number of deaths from diphtheria and whooping cough, there being a slight fall in the deaths from the other four diseases.

Some comments are given below on each of the chief infections and several tables are shown on pages 50 to 64 dealing with their prevalence and death-rates over varying periods.

Diphtheria.

The year 1925 was a record year for diphtheria. There were 648 notifications, the highest number yet recorded. The nearest approach occurred in 1910, with 498 notifications, while 1924 had 452. Last year there were 78 deaths, giving a disease death-rate of 46.1 per 100,000 population, figures higher than any since 1884 (Table XIII.), and only exceeded during the last half-century in the years 1883 and 1884. Of the 78 deaths, 59 were of children at ages under 5 years and 15 from 5 to 10. Only 4 occurred at ages over 10 years. The attack-rate shows a similar age incidence, diphtheria being essentially a disease of children. The case mortality was 12.0 per cent., a figure equalling the average for the last 25 years. The cases were spread fairly evenly over the year, the summer months being, as one would expect, rather quieter than the winter months, although the difference was not very marked. The excessive prevalence cannot be ascribed to any single cause, and no environmental condition was found to be responsible for any specific number of cases. No doubt carriers and mild unrecognised cases, along with a diminution in the natural immunity played their part as well as many other factors, the nature of which are unknown.

The evidence provided by the year 1925 and which has been outlined in the preceding paragraph shows that diphtheria is not diminishing in prevalence. Interpreting the figures literally, one might say that it is increasing, but allowances must be made for such disturbing factors as notification efficiency and the introduction of facilities for laboratory methods of diagnosis. Further, it is clear that diphtheria is still a very fatal disease. There is no evidence of a definite decline in the fatality rate since the beginning of the present century. Towards the end of last century there was a definite fall in the case mortality following on the introduction into more general use of antitoxin as a therapeutic agent. The decline which occurred then was probably not entirely real, both notification and diagnosis being in course of development. Improved sanitation, notification, disinfection, hospital isolation and treatment, observation of contacts, &c., have failed to eradicate the disease. The use of antitoxin has markedly reduced the number of fatalities among the attacked, but the insidious onset and the fact that the disease is often painless seriously interfere with the efficiency of the remedy, the disease being usually recognised too late for the antitoxin to have its full effect. Accordingly, diphtheria still ranks among the most fatal of the ordinary infectious diseases. By means of the Schick test it is possible to determine whether or not a person is liable, if exposed, to develop the disease. By means of the toxin-antitoxin mixture it is possible to confer protection, apparently permanent in nature, on those proved to be susceptible. These fruits of recent research provide another line of offence against the disease, and the Local Authority of Dundee have given the necessary authority. Little work of this kind was possible during 1925. Our hands were too full.

But more progress is being made during the present year. Time must elapse before its effect can be known, but the evidence provided elsewhere is very encouraging.

Scarlet Fever.

The epidemic of scarlet fever which began in the autumn of 1923 continued with unabated vigour during 1925. It was hoped that it would exhaust itself by the end of the 1924-25 winter, but, although easing off slightly during the warm months, it lasted the whole year. Indeed, it was a record scarlet fever year, the 1,528 notifications exceeding all previous annual totals for that disease. There were 37 deaths, giving a disease death-rate of 21.8 per 100,000 population. In 1924 there were 43 deaths, with a rate of 25.1 per 100,000 living (Table XIII). The case mortality was 2.4 per cent., compared with 3.2 per cent. in 1924, suggesting a slight reduction in virulence. As is the case with diphtheria, there is no evidence of any decline in the prevalence of scarlet fever. It is not by any means such a fatal disease as diphtheria, but the fact that it caused 37 deaths last year and 43 in 1924 shows that it is a serious danger to the public health. Nor has there been any sign of a fall in the proportion of total deaths to total cases, at any rate during the last 25 years. The ordinary methods of control have apparently failed to achieve their purpose to any appreciable extent, and additional measures appear to be necessary. A method of prophylaxis similar to that referred to in connection with diphtheria is likely to be the most effective measure and is now being employed to a very limited extent in Dundee.

Enteric Fever.

The Department received 26 notifications of enteric fever, but the presence of the disease was confirmed in only 17. The others proved to be influenza (1), toxæmia from septic mouth (1), chronic interstitial nephritis (1), lobar pneumonia (1), pneumonia and gastritis (1), and bronchitis (1). In 3 cases no diagnosis was made. Of the 17 genuine cases 3 were typhoid fever, 1 was paratyphoid A. fever, and 13 were paratyphoid B. fever. The patient with the paratyphoid A. infection was infected on the Continent, the onset occurring immediately on his return. All the patients recovered. The cases were spread fairly equally over the year, June being the only month entirely free of notifications. All parts of the city were affected, and there was nothing to suggest a common origin. Three cases occurred in one house. Three others in an institution. One was infected in another city, and one on the Continent. The statistical history of enteric fever in Dundee (Tables XIII. and XIV.) shows that it has practically disappeared as an important factor in the death-rate. Half a century ago its death-rate was over 20 per 100,000 living; last year it did not cause a single death. Improved sanitation has had a very decided influence on this decline. While it is possible to confer active immunity by artificial means against enteric fever, this method of prophylaxis only requires to be employed in circumstances which render any particular section of the population specially liable to be infected with the causative organisms.

Measles.

There were intimated 806 cases of measles, and 80 deaths were certified as due to this cause. These cases really represent the last stages of an epidemic which occurred in the 1924-25 winter, 496 of the 806 cases occurring during the first month of the year and 734 during the first quarter. The second six months only produced 25 intimations. The last quarter of 1924 showed 1,557, so that during the six winter months 2,363 cases were met with. As usual the attack-rate and death-rate were heaviest among children. The records for past years (Tables XIII. and XIV.) are not too encouraging. Measles formed the subject of special reports submitted to the Public Health Committee in 1924 and also last year. In these reports the necessity for hospital beds was specially emphasised. This matter is referred to in a later section dealing with the general question of hospital accommodation. Nothing further need be said here.

Whooping Cough.

706 intimated cases and 55 deaths are the figures for whooping cough. All the deaths were at ages under 5 years, and 30 of them were of infants less than 1 year old. The first half of the year showed more cases than the second, the busiest months being March and April with 103 and 125 intimations respectively. Like measles, whooping cough formed the subject of special reports to the Committee, and it is therefore unnecessary to elaborate the subject further in this annual review.

Influenza.

Influenza was the certified cause of 20 deaths in 1925. Details for recent years will be found in Tables XX. and XXI. It would appear that during last year influenza did not prevail to any unusual extent.

Pneumonia.

There were notified 417 cases of acute primary pneumonia and 29 of acute influenzal pneumonia, a total of 446 compared with 499 in 1924. The cold months provided the majority of the cases. There were 294 deaths in 1925, and 314 in 1924. As usual, persons living at the young and old age periods showed excessive attack rates. As in the previous year, pneumonia was an important factor in the causation of the high general death-rate. Lack of room made it impossible to admit cases of pneumonia to the Infectious Diseases Hospital, but 138 patients received indoor treatment mainly in the wards of the Royal Infirmary.

Ophthalmia Neonatorum.

A total of 69 notifications were received. The health visitors of the Child Welfare Department paid 701 visits and 10 patients were treated in King's Cross Hospital. No impairment of vision resulted in any case.

Puerperal Fever.

Dr. Dickson, in her Report, gives details regarding the 27 cases of puerperal fever which came under the notice of the Department. Six of the patients died.

Encephalitis Lethargica.

This disease was not notifiable in Dundee until the Public Health (Infantile Paralysis, Polio-encephalitis and Encephalitis Lethargica) Regulations (Scotland), 1925, came into operation on 21st December. Six cases were, however, intimated early in the year. There were five deaths certified as being due to the disease.

Infective Jaundice.

Two cases of this infection were notified, but the diagnosis was not confirmed. Both patients were only slightly ill and complete recovery occurred in a day or two.

Other Infectious Diseases.

Infantile diarrhœa accounted for 38 deaths compared with 50 in 1924. There were 4 notifications of cerebro-spinal fever with 3 deaths, 7 notifications of malaria and 2 of dysentery. There were no cases of trench fever, smallpox and typhus fever, while 181 notifications of erysipelas and 585 intimations of chickenpox were received. No special record of the action taken for the control of these infections requires to be made.

Tuberculosis.

Statistics relating to the prevalence of tuberculosis in Dundee will be found in Tables VIII., IX. and XXIV to XXVIII. and Chart 3. Details of the work actually done under the Tuberculosis Scheme during the year are given by Dr. Hunter in his report (page 81). I have to draw particular attention to three points of importance—(1) The death-rate from all forms of tuberculosis is again the lowest ever recorded for Dundee, the figure being 1.22 per 1,000 living, compared with 1.23 in 1924. The progress made in the eradication of this disease as it affects the lung during the last half century is shown graphically on Chart 3. A drop of well over 50 per cent. is there recorded. (2) In May, I submitted to the Public Health Committee a special report dealing, among other matters, with the need for a new tuberculosis dispensary. The recommendations made were approved of and a tuberculosis dispensary will form part of the new Public Health Institute to be erected in Salem Street. This subject is dealt with more fully below under the proper heading. (3) In November, I prepared a special report on the subject of the provision of sanatorium beds. This matter is also dealt with below under the heading " Hospital Accommodation."

Other events occurring during 1925 which have a direct bearing on tuberculosis are the coming into force of the Milk and Dairies (Scotland) Act, 1914, and of the Tuberculosis Order, 1925. These are referred to in the section of this report dealing with the milk supply. Improvement in general sanitation and progress in housing are, of course, also factors of supreme importance, and must be considered as part of the anti-tuberculosis campaign.

Venereal Diseases.

Dr. Averill, in his report (page 119), gives full particulars of the work of the venereal diseases scheme last year. I have very little to add. Dr. Andrewina Laird, medical officer, women's section, resigned in May and was succeeded by Dr. Annie Fulton. The three treatment centres at Fleuchar Street, the Royal Infirmary and the principal Child Welfare Centre are still in use, but the Public Health Institute to be erected in Salem Street will take the place of the first two of these, and further, will provide badly needed accommodation for the indoor treatment of male patients.

Table XL. prepared from Form V.R.I. for the year ending 15th May, 1926, shows that 50 per cent. of the patients left before the medical officer was able to satisfy himself that cure had been effected. The figure last year was 47 per cent. Both Dr. Averill and Dr. Fulton complain of the tendency for patients to cease attending without their approval. Usually the course of treatment required is very prolonged, and one can understand the temptation to give it up when active signs are no longer present. Possibly, many of the patients think the infection has left with the obvious signs, but if they only realised the seriousness of the possible consequences of neglecting the advice of the medical officers they would consider the matter more carefully before taking such a drastic step. Education may go a certain length in obviating this difficulty, but it will not cause its disappearance. Notification and compulsory treatment of the persistently neglectful patients are measures which are now due for a fair trial. Dr. Averill remarks that patients are not reporting any earlier after infection than in former years. It is unfortunate that it should be so. The earlier treatment is begun the more certain and quicker is the cure. That fact must be made known to the public generally, but there are many difficulties in the way. Education on such matters must be very gradual if it is to be effective, and propaganda must be carried out on well thought out lines. Various methods have been adopted to bring before those concerned the facilities provided by the Local Authority and the importance of early treatment, and it is believed that they have had a certain influence. A more central and therefore better known treatment centre, and improved accommodation both indoor and outdoor as contemplated in Dundee, are bound to remove to some extent the difficulties. The new centre will be better known to medical practitioners, and easier to find by patients. Practitioners will, I hope, make a habit of visiting the Institute regularly, and thereby make themselves familiar with the work carried out there. This will enable them to exercise a greater influence and encourage them to help the health authority. The assistance which can be rendered by the general medical practitioner in dealing with this type of disease cannot be overestimated. Proximity to the Royal Infirmary is another factor which will count and should considerably reduce the leakage which undoubtedly exists at present between the out-patient department of that Institution and the Centre at Fleuchar Street.

Public Health Institute.

The Town Council have agreed, after very careful consideration, to proceed with the erection, on a site at Salem Street, Constitution Road, of a new building to be known as the Public Health Institute. I submitted a brief report on the subject early in the year, and the following paragraphs cover the main points contained in that report. The Scottish Board of Health have given their approval, and it is hoped that the Institute will be well on its way by the end of the present year.

The work proposed to be carried on in the new building is at present being conducted in several Institutions. The Tuberculosis Dispensary is at present situated at 1 Tally Street. It was established there in 1913, having been transferred from the out-patient department of the Royal Infirmary where the work had been carried on for some six years. The premises at Tally Street are quite unsuitable for the purpose of a tuberculosis dispensary, and, indeed, when the work was begun there, it was only intended as a temporary arrangement for a period of two years until better accommodation could be found. Visiting Committees of the Town Council have repeatedly inspected this Institution, and have agreed that better accommodation is urgently required. The inadequate and unsuitable waiting room accommodation frequently results in patients having to wait in the street for a considerable time, and the internal arrangements make smooth working exceedingly difficult. The Public Health Department pays to the Common Good £40 per annum for the use of the premises, but probably double that figure could be obtained if they were let privately. Attempts have been made repeatedly to secure other premises in or near the centre of the city, but without success, and there is no doubt that a new building will have to be constructed. The site at Salem Street will be an excellent one for a tuberculosis dispensary.

The male Venereal Diseases Treatment Centre was established in the out-patient department of the Royal Infirmary, Dundee, in 1917, and continued there until November, 1923, when it was transferred to temporary premises at the Reception House, Fleuchar Street, owing to the inadequacy of the accommodation available at the Royal Infirmary. The two years' experience at Fleuchar Street has proved conclusively that to be a success such a centre need not be situated within the grounds of a hospital. Nevertheless, the accommodation at Fleuchar Street is not sufficient for our requirements, and the situation is not central enough. There can be no doubt that a new Centre erected for the purpose on the ground at Salem Street is the most satisfactory method of dealing with this question.

The Treatment Centre established at the out-patient department of the Royal Infirmary in 1917 still remains in occupation by the Local Authority as a centre for the treatment of women patients. The accommodation provided consists of one small room (14 ft. x 8 ft.) entirely set aside for the use of the Local Authority, and also the use of one or two other small rooms for a few hours daily. The Local Authority pay to the Royal Infirmary the sum of £100 per annum for this accommodation. The provision of a new centre for women patients at Salem Street will be a distinct improvement.

One or two male patients are at present given indoor accommodation in one of the spare rooms in the Centre at Fleuchar Street, but the accommodation is not by any means convenient for this form of treatment. It is intended that a ward for the residential treatment of male in-patients be provided in the new building in Salem Street.

At present there is no definite provision for the in-door treatment of cases of venereal diseases amongst women, and it is proposed in future to treat such cases in the wards at King's Cross Hospital. While at present this may be difficult to do, especially during epidemic periods, it will become possible when the Local Authority's proposals to erect additional pavilions for the treatment of tuberculosis are carried into effect.

It is, therefore, intended that the work at present being carried out in the various Institutions mentioned above should be concentrated in one building to be designated the "Dundee Corporation Public Health Institute." The Public Health Department at present holds, on behalf of Mr F. B. Sharp, a piece of ground extending to 23.25 poles situated at the corner of Constitution Road and Salem Street. This site was originally purchased for the purpose of the erection of a Child Welfare Centre to be gifted to the town by Mr Sharp, but, in 1922, the house situated at 1 Nelson Street was taken over and converted into a Child Welfare Centre. To provide for possible extensions in the future, more ground on the east side of the site has been secured. The Institute will consist of two storeys and attics. On the ground floor provision is made for a tuberculosis dispensary, a venereal diseases treatment centre for women, a laboratory, dispensary (drugs), &c. On the first floor, accommodation is provided for the men's section of the venereal diseases treatment centre, and also a ward for the indoor treatment of male venereal disease patients. On the attic floor, there is a caretaker's house with spare rooms for the use of male attendants engaged in nursing the patients in residence.

Access will be obtainable to all floors, both from the front and from the back of the building, so that it will be possible to separate entirely from one another the various sections of the Institute should that be considered desirable.

The City Engineer has designed the building in such a way that it will be possible to carry out extensions at any future date without interfering with the general arrangement of the original structure. It is of course impossible at the moment to say when future extensions will be required, but, in any case, it must be considered as advisable to make provision for the possibility.

Hospital Accommodation.

The number of hospital beds available for the treatment of cases of infectious disease remains the same as described in recent annual reports. During the year, negotiations were begun with a view to securing additional accommodation at Sidlaw Sanatorium for the treatment of children suffering from tuberculosis. These will probably be concluded during the present year. The following paragraphs are an outline of a report submitted to the Public Health Committee in November, dealing with the institutional treatment of tuberculosis, measles, and whooping cough in Dundee.

" The necessity for more hospital accommodation for the treatment of patients suffering from tuberculosis, measles, and whooping cough has been known to the Dundee Town Council for many years. Reports have been submitted and plans prepared on more than one occasion. In 1914, the building of new pavilions was about to commence, but the outbreak of war put a stop to it. In 1919-20, the position was again reviewed, and new plans submitted. The necessity for economy was, however, responsible for another postponement. During the last twelve months, the subject has been raised in Committee on several occasions in connection with the control of the infectious diseases, and in connection with infant mortality.

There are no beds in King's Cross Hospital set aside specially for the treatment of measles and whooping cough. The number of cases admitted depends entirely on the prevalence of other infections, such as diphtheria, scarlet fever, &c., which diseases take precedence. The following extract from a report on the same subject submitted by me in April last year shows to what extent we were able to provide in-door treatment to measles patients during the last ten years

' The average annual number of deaths from measles in Dundee during the 10 years 1914-23 was 64, the yearly number varying from 2 to 131. 95 per cent. of all the deaths occurred at ages under 5 years. During the same period, my Department was informed of some 10,391 cases. The chief source of this information was the Dundee Education Authority, although over 50 per cent. of the patients were children under school age. The annual number intimated varied from 27 to 1,851. Altogether 587, or 5.5 per cent., of the total intimated during the 10 years were admitted to King's Cross Hospital for treatment. The annual number so treated varied from 3 to 111.'

Two points in this extract are worthy of note—(1) In the first place, it is evident that measles is a disease which must be considered as dangerous to the public health, 640 deaths having occurred in Dundee in 10 years. Over 600 of this number were of children under 5 years of age. A similar story can be told of whooping cough. During the same period (1914-1923) 635 deaths from whooping cough occurred in this city. Of that number, 622 were children under 5 years of age. Measles and whooping cough together were, therefore, responsible for 1,275 deaths in the 10 years 1914-1923, of which 1,223 were children under 5 years of age. The total number of cases of the two infections coming to the notice of the Department was 16,422. As these diseases are not compulsorily notifiable that number is not the actual total, which must be very much greater. The foregoing figures referring to cases and deaths do not by any means represent the total damage done by measles and whooping cough. Many of the children who escape immediate death are left with seriously impaired health. Debility, tuberculosis, defective vision and deafness are too frequent sequelæ of these infections.

The second point of importance is that treatment in hospital does not appear to have had a very prominent place in our scheme of control. Of the 10,391 known measles cases, 587, or 5.5 per cent., were treated in hospital. Of the 6,031 known whooping cough cases, 79, or 1.3 per cent., were removed to hospital. Taken together, 666, or 4 per cent., of the 16,422 known cases of measles and whooping cough which occurred in Dundee during the ten years, 1914-23, were admitted to hospital for treatment. The main statistics submitted above in regard to measles and whooping cough taken together are in the following table compared with the corresponding figures for scarlet fever and diphtheria, also taken together. The period dealt with is, as before, the decennium 1914-1923 :—

	Total Cases.	No. removed to Hospital.	Percentage removed to Hospital.	Total Deaths.	Deaths under five years.
Measles and Whooping Cough	*16,422	666	4%	1,275	1,222
Scarlet Fever and Diphtheria	8,102	5,815	71%	410	295

*Not notifiable, therefore this figure does not represent actual number.

From the above table, it would appear that scarlet fever and diphtheria are not nearly so prevalent as measles and whooping cough; that they are responsible for a much smaller number of deaths (410 compared with 1,275), and that they are not so fatal at ages under 5 years. Nevertheless, during the period under review only 4 per cent. of the measles and whooping cough cases were treated in hospital, while 71 per cent. of the scarlet fever and diphtheria cases were so dealt with. It may be that the comparatively favourable figures for the last named diseases have resulted directly from the fact that the majority of the patients received institutional treatment. There can be no doubt that if beds could be found for 71 per cent. of all cases of measles and whooping cough, the number of deaths therefrom would be markedly reduced. Death practically never results from measles directly. In nearly every case, it follows complications, the most fatal being broncho-pneumonia. Except in weakly children, broncho - pneumonia rarely develops in hospital where the patients are nursed in well-lit, well-ventilated wards. It is a too frequent occurrence in the home-treated patient, especially where, as is often the case, the environment is unsatisfactory, and poverty renders proper nursing and feeding impossible. The incidence of disabling sequelæ, such as blindness and deafness, also depends on the standard of nursing, &c., during the acute stages of the illness.

Although no beds are set aside in King's Cross Hospital for the treatment of measles and whooping cough patients, it would be well to remind the Committee that in 1914 there was completed a pavilion erected specially for the accommodation of measles cases. This pavilion, consisting of four wards, was designed to provide for 40 patients, but by free use of balconies, nearly double that number could be treated. The new wards were never employed for the purpose for which they were built. Since 1915 they have been used for the treatment of some sixty patients suffering from tuberculosis.

The problem of providing hospital treatment for cases of measles and whooping cough would be largely solved if this pavilion were released and used for the purpose for which it was erected. This step would involve the provision of new wards for cases of tuberculosis.

Institutional accommodation for cases of tuberculosis has been provided by Dundee Town Council at (a) King's Cross Hospital; (b) Ashludie Sanatorium; (c) Sidlaw Sanatorium. (a) King's Cross Hospital—The pavilion erected for the treatment of measles cases is being used for the treatment of patients suffering from tuberculosis, some 60 beds being available for cases of both pulmonary and non-pulmonary tuberculosis, chiefly the former. (b) Ashludie Sanatorium—This Institution, opened in February, 1916, can accommodate 64 patients and is intended for early cases of the pulmonary type. An occasional non-pulmonary case is, however, admitted. (c) Sidlaw Sanatorium—By arrangement with the Directors, the Dundee Town Council have now the use of some 17 beds for the treatment of all forms of tuberculosis in children at ages from 5-12 years.

Besides the above, the Dundee Town Council accepts responsibility for the maintenance of occasional cases of tuberculosis in the Eastern Poorhouse Hospital. This cannot be considered as established accommodation, and its use is not encouraged. The institutional accommodation provided by the Council for cases of tuberculosis, therefore, consists of 141 beds arranged as described above.

It must be noted that (1) 60 of these 141 beds are in a pavilion erected especially for measles, and that it is urgently necessary to the public health that this pavilion should be released and used for the treatment of the two diseases—measles and whooping cough. (2) 141 beds are not sufficient for our needs. It is only possible meantime to provide sanatorium treatment for a very limited number of adult patients suffering from the non-pulmonary forms of the disease. Additional beds are required for this purpose. The aim should be a total of at least 170 beds for Dundee. This means an addition of 30 beds.

At least 90 new beds are, therefore, required for the treatment of tuberculosis. Of these 60 would provide for patients now being housed in the measles pavilion at King's Cross Hospital. This pavilion would become available for its original purpose. The remaining 30 would be new accommodation, especially for the treatment of non-pulmonary tuberculosis in adults, a type of case which has, in the past, received pracically no consideration from the Local Authority.

It has I think, been made fairly clear in the preceding sections of this report that the provision of sufficient hospital beds for the treatment of measles, whooping cough and tuberculosis will be accomplished if 90 new sanatorium beds are provided. No new building will then be required for measles and whooping cough. The 90 new beds may be provided at (a) King's Cross Hospital; (b) Ashludie Sanatorium; (c) Partly at King's Cross Hospital and partly at Ashludie Sanatorium. In regard to (a), while there is still a good deal of building ground available at King's Cross Hospial, the erection of two pavilions, necessary for 90 beds, would seriously encreach on this vacant ground.

In the future, extensions will no doubt be necessary in order to deal with diseases other than tuberculosis. Further, new buildings are springing up round the Hospital which is becoming gradually less suited for the purposes of a sanatorium. I cannot recommend, therefore, that all the beds be provided at King's Cross Hospital.

Ashludie, as the Local Authority's Sanatorium, is the Institution one thinks of when the subject of new beds for tuberculosis cases is under consideration. There is ample ground available for extension. The required number of beds in two or more pavilions could be provided there very readily, and the advisability of doing so must be very seriously considered. At present there are 64 beds in Ashludie, with usually about 59 or 60 in occupation. This number is a very small one, too small probably from the point of view of economy in maintenance. The treatment of double that number would mean a reduction in the cost per patient per day. The condition of certain of the patients may render it necessary that relatives or friends should be often in attendance. Ashludie is fairly easily reached by tram or train from the city, but the journey is a long one, and the cost is a consideration. Frequent visits to Ashludie mean time and money.

Consideration of these points suggests the advisability of adopting (c) by providing a certain number of beds at Ashludie and a certain number at King's Cross Hospital. The beds at King's Cross Hospital would be used for patients likely to require frequent visits by relatives and friends.

The following definite recommendations might be used as a starting point for the Committee's consideration of the whole question :—(1) It is recommended that there be erected in the grounds of Ashludie Sanatorium a pavilion capable of accommodating from 50 to 60 tuberculosis cases. (2) It is also recommended that there be erected in the grounds of King's Cross Hospital a pavilion capable of accommodating from 30-40 tuberculosis cases.

The City Engineer has prepared plans in accordance with these recommendations. They are merely preliminary, and are only intended to illustrate generally the proposals. They must not be considered as final.

It will be noted (the plans will be before the Committee) that the proposed Ashludie pavilion is arranged in two storeys, and consists of four wards and four side-wards to accommodate 56 patients. The administrative section forms the central part, the wards stretching due east and west from it. The whole pavilion faces south. The beds are arranged in the wards in a single row. This pavilion would most conveniently be erected on a site situated between and to the south of the two existing pavilions.

As shown in the plan, the proposed King's Cross Hospital pavilion consists of two wards and two side wards and is arranged in two storeys. Accommodation is provided for 34 patients. The administrative section forms the north end, the wards running due south from it. At the south end ample balconies are provided. This pavilion would most conveniently be erected on a site at King's Cross Hospital to the south of the laundry buildings and to the west of the present sanatorium pavilion.

The erection of these two pavilions would necessitate certain extensions of the central administrative units of the institutions concerned. Additional house room would have to be made for nursing and domestic staff. Another boiler would be required for Ashludie. The laundry at King's Cross Hospital would have to be enlarged.

It is difficult to give an approximate estimate of the probable cost of the whole scheme. The Committee must, however, be prepared for an expenditure not far short of £45,000. A more exact estimate will only be possible if and when complete plans are available. Should the Committee approve generally of the Scheme, no doubt instructions will be given to the City Engineer to have the necessary plans and estimates prepared. Approval by the Scottish Board of Health would mean financial assistance to the extent of probably 50 per cent. of the expenditure."

After careful consideration of this report, the Town Council agreed to proceed with the erection of wards, &c., sufficient to provide for 90 additional patients at Ashludie Sanatorium. The Scottish Board of Health, however, were only prepared to approve of 60 additional beds, and the decision of the Board was accepted by the Council. The City Engineer has, therefore, been given instructions to prepare plans in accordance with this decision.

Child Welfare.

Complete information regarding the work carried out in 1925 under the Child Welfare Scheme is given in Dr. Scott Dickson's report (page 89). The various units composing the scheme remain unchanged, but consideration was given during the year to the question of making alterations and additions to the principal centre at Nelson Street. Possession has now been obtained of the second flat, which has up till now been occupied as a dwelling-house, the tenant claiming the protection of the Rent Restriction Acts. It is, therefore, possible to proceed with the completion of the centre as agreed to some years ago when Mr F. B. Sharp made a generous offer of £4,000 to the Town Council for the purpose. It is proposed to erect a large waiting room and artificial sunlight room, and also to reconstruct the various rooms on all four (including attic) floors. These alterations, which should be completed by the end of the present year are an important development in the Child Welfare Scheme, and will make for increased efficiency in work hitherto carried out under difficulty.

The premises in Blackness Road used as a branch child welfare centre are quite unsuitable for the purpose, and new premises are urgently required. The completion of the Public Health Institute in Salem Street will render vacant the rooms at present in use as a venereal diseases treatment centre, and these might be used in order to relieve the pressure on the Blackness Road branch. An additional centre in that part of the city is undoubtedly called for, and the matter will require the attention of the Council in the near future.

The maternity service is reported on by Dr. Dickson. The only point which I desire to mention has reference to the new regulations which come into force on May 1st, 1926, under which the periods for the necessary qualifying training for midwives will be extended. The tendency will be to reduce the number of entrants, and I believe there is already evidence of this. A diminution in the supply of trained midwives may be a very serious matter in the future, although at present there would appear to be sufficient for our requirements. Further, in Dundee, a large number of midwifery cases are attended by pupils of the Training School (Maternity Hospital, Royal Infirmary), under the supervision of the qualified staff of that Institution. A fall in the number of pupils will mean a reduction in the number of cases so attended. The matter must not be lost sight of, and may call for action by the Local Authority.

Health Lectures.

A large number of lectures on different health subjects were given during the year by medical and other members of the staff of the Department to various sections of the community. In the course of the winter just finished, the Public Health Committee, in association with the Scottish Committee of the British Social Hygiene Council organised a series of three health lectures which were held in the Y.M.C.A. Hall. The subjects and lecturers were " Some Facts about Venereal Diseases " (Dr Charles Averill, Dundee), " The Smoke Problem Solved " (Ex-Bailie Brownhill Smith, Glasgow Corporation), and " Teeth and Health " (Dr. H. Gordon Campbell, Dundee). Under the joint auspices of the Alliance of Honour, the Public Health Committee of Dundee Town Council and the Scottish Committee of the British Social Hygiene Council, two cinema exhibitions were given, one for men, and one for women, in the Caird Hall. The films shown were, " How Life Begins " and " Waste." The speakers were Alfred B. Kent, Esq., London, and Mrs George Morgan. All these lectures were very well attended, especially the last two, the Caird Hall being crowded on both occasions.

Artificial Sunlight.

Artificial sunlight lamps are now in operation at the Tuberculosis Dispensary and at the principal Child Welfare Centre. Others are at the moment being installed at King's Cross Hospital and at Ashludie Sanatorium. In the Public Heath Institute there will be a large room provided with several lamps, and a special room is also provided for in the addition to the Nelson Street Child Welfare Centre. Several mercury vapour lamps will be installed there.

STATISTICAL
TABLES AND CHARTS.

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TABLE I.

AGE and SEX DISTRIBUTION of POPULATION, 1925.

Population (estimated by Registrar General), **169,361.**

Percentage of Males to total population (Census 1921) 44.4%.
„ „ Females „ „ „ „ 55.6%.
Estimated Sex Distribution for 1925:—Males. 75,196.
Females, 94,165.

Age Groups.	Percentage to total at all ages (Census 1921).		Estimated Age and Sex Distribution for 1925.		
	Males.	Females.	Males.	Females.	Both Sexes.
0- 5	10.0	7.7	7,519	7,251	14,770
5-10	10.1	8.1	7,595	7,627	15,222
10-15	10.9	8.8	8,196	8,287	16,483
15-25	18.8	19.0	14,137	17,891	32,028
25-35	13.6	15.3	10,227	14,407	24,634
35-45	12.1	13.5	9,099	12,712	21,811
45-55	11.8	12.1	8,873	11,394	20,267
55-65	7.8	8.5	5,865	8,004	13,869
65-75	3.8	5.0	2,858	4,708	7,566
75-85	1.0	1.8	752	1,695	2,447
85 and over	.1	.2	75	189	264
All ages	100.0	100.0	75,196	94,165	169,361

TABLE II.

Estimated Population in various Wards, 1925.

WARD.	Popluation (Census 1921).	Percentage to total Population (Census 1921).	Estimated Population for 1925.
I.	14,506	8.6	14,565
II.	12,500	7.4	12,533
III.	15,946	9.5	16,089
IV.	18,766	11.2	18,968
V.	22,401	13.3	22,525
VI.	17,731	10.5	17,783
VII.	18,049	10.7	18,122
VIII.	18,880	11.2	18,968
IX.	18,614	11.1	18,799
X. & XI.	10,922	6.5	11,009
Total	168,315	100.0	169,361

Return Showing the Causes of Death (Corrected for Transfers) at the Different Age periods during 1925 :—

CAUSE OF DEATH.	ALL AGES			AGE											
	Total	Males	Females	—1	1—	5—	10—	15—	25—	35—	45—	55—	65—	75—	85 & Over
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
Measles	80	39	41	16	62	1	...		.	...	1	...	...	...	...
Scarlet Fever	37	16	21	1	22	6	...	4	4	...	...	...	...	...	...
Whooping Cough	55	22	33	30	25	...	...	...	...	.	...		...	...	...
Diphtheria	78	43	35	8	51	15	2	2	...	...	...	...	...	...	...
Influenza	20	12	8	...	2	...	...	...	...	3	3	4	6	...	2
Encephalitis Lethargica	5	3	2	...	1	1	1	...	1	1	...	...	...	...	...
Cerebro-Spinal Meningitis...	3	2	1	...	2	...	...	1	...	...	...	...	...	...	...
Other Epidemic Diseases	10	4	6	1	...	...	..	...	1	2	1	1	3	1	...
Tuberculosis of Respiratory System ...	148	61	87	...	4	2	4	39	32	25	21	15	6	...	...
Tuberculous Meningitis	18	8	10	...	14	3	...	1	...	...	...	...	...	...	...
Tuberculosis of Intestines and Peritoneum	11	4	7	...	1	...	..	5	3	..	1	. .	...	1	..
Other Tuberculous Diseases	30	17	13	...	3	3	3	9	4	3	3	...	2	...	...
Malignant Tumours	297	121	176	1	...	1	...	2	6	17	55	83	85	38	9
Rheumatic Fever	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Meningitis (not. Cer.-Spin. or T.B.) ...	16	7	9	4	6	1	...	2	3	...	...	...	...	...	...
Apoplexy	213	97	116	...	1	...	...	...	...	2	18	42	78	60	12
Heart Disease	360	162	198	...	...	1	4	14	13	19	34	82	108	72	13
Diseases of Arteries	53	20	33	...	...	...	...	...	..	...	3	7	20	21	2
Bronchitis	196	86	110	29	2	1	...	...	2	6	9	32	52	49	14
Pneumonia (all forms)	294	180	114	99	65	...	2	14	3	16	20	25	26	19	5
Other Diseases of Respiratory System ...	28	16	12	1	2	1	...	...	2	2	9	1	4	3	3
Diarrhœa and Enteritis (under 2 years)...	38	19	19	33	5	...	...	...	.	...	...	...	...	...	...
Appendicitis	15	7	8	...	...	2	...	4	...	...	7	2	...	...	...
All Liver Diseases (not Malignant) ...	19	9	10	...	...	...	...	...	..	3	4	3	8	1	...
Nephritis (Acute and Chronic)	63	37	26	1	2	3	2	6	2	12	6	11	15	3	...
Puerperal Sepsis	6	...	6	...	...	...	...	2	4	...	...	...	...	...	...
Other Diseases and Accidents of Pregnancy and Parturition	11	...	11	...	...	...	...	1	5	4	1	...	...	...	...
Diseases of Early Infancy and Malformations	196	115	81	194	1	1	...	...	...	...	...	...	...	...	...
Suicide	30	19	11	...	.	...	..	2	3	7	8	7	3	...	...
Other Violent Deaths	86	51	35	17	13	4	3	7	3	4	10	9	5	8	3
Other Defined Diseases	362	167	195	29	12	6	6	15	20	23	41	37	54	81	38
Causes Ill-Defined or Unknown	47	25	22	3	1	1	...	1	3	3	4	7	14	8	2
All Causes	2825	1369	1456	467	297	53	27	131	114	152	259	368	489	365	103

TABLE IV.

Death Rates at various age-periods (from all causes) 1921 - 1925.

Age Periods.	1921.		1922.		1923.		1924.		1925.	
	No. of Deaths.	Death. Rate.	No. of Deaths.	Death. Rate.	No. of Deaths.	Death Rate.	No. of Deaths.	Death. Rate.	No. of Deaths.	Death Rate.
All ages	2566	15.8	2793	16.7	2517	14.7	2809	16.4	2825	16.7
0- 5 years	660	45.0	652	43.4	685	46.0	797	53.4	764	51.7
5-10 ,,	33	2.1	39	2.5	47	3.1	55	3.6	53	3.5
10-15 ,,	30	1.8	34	2.0	22	1.3	29	1.7	27	1.6
15-25 ,,	94	2.9	114	3.5	105	3.2	107	3.3	131	4.1
25-35 ,,	128	5.2	121	4.8	104	4.2	108	4.3	114	4.6
35-45 ,,	173	8.0	185	8.3	137	6.2	139	6.3	152	7.0
45-55 ,,	227	11.3	287	13.9	201	9.8	237	11.6	259	12.8
55-65 ,,	374	27.1	381	27.0	361	25.7	409	29.1	368	26.5
65-75 ,,	433	57.2	545	70.5	454	59.1	477	62.0	489	64.6
75-85 ,,	336	137.7	361	144.8	322	130.0	376	151.5	365	149.2
85 and over	78	281.2	74	260.5	79	280.1	75	265.0	103	390.2

TABLE V.

Death-rates (from all causes) in various wards each year since 1914.

	Whole	WARDS.									
Year.	City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.
1914	16.9	17.7	18.4	15.8	14.8	18.6	15.6	18.7	20.0	15.5	10.8
1915	21.2	20.1	24.6	21.7	19.8	19.5	22.6	19.3	24.0	19.3	14.8
1916	16.1	15.9	17.2	14.1	11.9	14.0	19.9	16.3	16.2	16.7	10.9
1917	14.7	15.7	17.5	14.0	13.9	13.0	17.8	13.9	15.2	11.8	11.6
1918	17.4	17.6	20.6	18.3	14.3	17.0	19.8	16.8	18.3	13.9	14.2
1919	15.2	15.5	15.5	14.3	14.7	12.6	16.4	12.2	13.8	15.1	15.3
1920	15.8	16.2	16.7	16.9	15.1	13.6	18.1	14.6	15.2	14.1	10.2
1921	15.8	15.2	16.5	15.2	15.3	13.8	17.4	14.2	16.9	13.5	12.8
1922	16.7	16.0	17.0	18.1	15.5	14.4	18.1	15.0	18.1	15.3	14.0
1923	14.7	15.0	14.0	14.8	14.0	12.8	16.4	15.0	15.4	14.3	12.1
1924	16.4	15.7	16.6	17.2	14.8	13.5	18.6	16.5	17.6	16.6	13.4
1925	16.7	17.8	15.3	18.4	15.9	15.3	16.8	15.2	17.6	18.6	12.8

TABLE VI.

Infantile Death-rate (per 1,000 births) in various Wards each year since 1919.

	Whole	WARDS.									
Year.	City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.
1919	126	137	156	152	119	114	114	90	139	138	122
1920	131	131	153	150	142	141	150	87	131	133	52
1921	114	130	124	103	101	109	130	131	114	96	99
1922	109	81	101	136	121	109	115	99	125	98	76
1923	98	89	79	121	76	119	121	78	88	92	74
1924	120	104	144	137	121	112	133	108	96	136	71
1925	126	156	128	162	124	118	119	85	150	123	57

TABLE VII.

Death-rate in various Wards in each year since 1919 from 6 principal Epidemic Diseases, namely Enteric Fever, Scarlet Fever, Diphtheria, Infantile Diarrhœa, Measles and Whooping Cough.

	Whole	WARDS.									
Year.	City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.
1919	.69	.89	.37	.78	.52	.76	.78	.67	.68	1.04	0
1920	1.05	1.15	.90	1.18	.96	.93	1.95	.78	.89	1.09	.34
1921	1.09	1.00	1.15	1.04	.99	.93	1.56	1.37	1.24	1.04	.37
1922	.80	1.09	.72	.66	.67	.95	1.08	.89	.84	.43	.54
1923	1.17	1.65	.97	1.03	.77	1.00	1.48	1.29	1.75	1.12	.36
1924	1.69	1.51	2.42	1.93	1.54	1.48	2.67	1.45	1.59	1.71	.36
1925	1.70	1.58	1.60	2.40	1.27	1.60	1.69	1.82	2.21	1.70	.45

TABLE VIII.

Pulmonary Tuberculosis Death-rate in various Wards each year since 1919.

	Whole	WARDS.									
Year.	City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.
1919	.89	.89	1.64	1.40	.57	.64	.89	.56	.98	.27	.76
1920	.99	.90	1.35	1.29	.81	.81	1.21	.88	.93	.86	.51
1921	1.00	1.12	1.23	1.04	.99	.80	1.38	.85	1.13	.74	.56
1922	.98	.54	1.12	.95	.87	1.17	1.18	.72	1.16	.92	.63
1923	.98	1.24	1.05	1.15	.82	.69	1.08	.89	1.27	.93	.45
1924	.85	1.30	.56	.54	.92	.65	1.13	1.00	.95	.88	.45
1925	.87	.89	.80	1.12	.74	.80	1.12	.66	.79	1.06	.55

TABLE IX.

Tuberculosis (all forms) Death-rate in various Wards each year since 1919.

	Whole	WARDS.									
Year.	City.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10 & 11.
1919	1.34	1.27	2.16	1.62	.90	.92	1.68	.97	1.37	1.36	1.18
1920	1.37	1.02	1.57	1.63	1.05	1.21	1.95	1.09	1.38	1.37	.68
1921	1.35	1.62	1.81	1.60	1.30	.98	1.68	1.31	1.40	1.04	.65
1922	1.37	.82	1.44	1.31	1.43	1.51	1.80	1.00	1.63	1.36	.63
1923	1.43	1.65	1.46	1.45	1.29	1.18	1.71	1.34	1.86	1.32	.64
1924	1.23	1.51	.80	1.33	1.18	1.04	1.64	1.40	1.48	1.07	.54
1925	1.22	1.37	1.12	1.37	1.11	.98	1.41	1.10	1.37	1.38	.82

TABLE X.

The following table gives the certified causes of death at the various ages under 1 year for 1925.

Cause of Death.		Under 1 week.	1 and under 2 weeks.	2 and under 3 weeks.	3 and under 4 weeks.	Total under 4 weeks.	4 weeks and under 2 mths	2 and under 3 months.	3 and under 6 months.	6 and under 9 months.	9 and under 12 months.	Total deaths under 1 year.
Measles - - -		...	...	...	...	...	...	...	1	6	9	16
Scarlet Fever - -		...	...	...	...	...	...	...	...	...	1	1
Whooping-Cough -		...	...	...	2	2	2	...	10	2	14	30
Diphtheria and Croup		...	...	...	...	...	1	...	2	1	2	6
Tuberculosis	Lung - -	...	...	...	...	...	...	...	...	...	...	...
	General - -	...	...	...	...	...	...	...	...	...	...	...
	Abdominal -	...	...	...	...	...	...	...	...	...	...	...
	Brain - -	...	...	...	...	...	...	...	...	...	...	...
	Other Forms -	...	...	...	...	...	...	...	...	...	...	...
Meningitis (not T.B.)		...	...	...	...	...	...	...	1	1	1	3
Convulsions - -		...	...	2	...	2	..	...	5	2	1	10
Pneumonia (all forms)		2	2	5	2	11	11	6	24	20	28	100
Bronchitis - -		...	..	3	2	5	6	3	6	4	2	26
Laryngitis - -		...	...	...	...	...	...	...	1	1	...	2
Diarrhoea and Enteritis - -		...	1	1	1	3	1	3	15	8	3	33
Other Digestive Diseases - -		...	...	...	...	...	1	...	2	1	2	6
Congenital Malformations -		4	2	3	...	9	3	3	5	1	...	21
Premature Birth -		65	10	6	3	84	3	1	...	...	...	88
Atrophy, Debility, and Marasmus -		14	2	1	7	24	15	11	22	10	1	83
Atelectasis - -		1	...	...	...	1	...	...	...	...	...	1
Injury at Birth -		5	1	1	...	7	...	...	...	...	...	7
Suffocation, Overlaying - -		1	1	...	...	2	4	3	4	1	...	14
Syphilis - - -		...	...	...	...	...	1	...	1	1	...	3
Rickets - - -		...	...	...	...	...	...	...	...	...	...	...
All Other Causes -		1	3	...	1	5	3	4	2	2	2	18
Total - -		93	22	22	18	155	51	34	101	61	66	468

The annual return of the Registrar-General gives the total deaths under 1 year as 467.

TABLE XI.

Infant Mortality from various groups of causes 1890-94, and each year from 1913.

Year.	Congenital.	Digestive.	Respiratory.	Infectious Diseases.	All Other Causes.	Total.
Average 1890–94	53	32	44	25	29	183
1913	62	40	28	12	20	162
1914	58	33	15	17	13	136
1915	64	38	38	51	18	209
1916	63	20	15	13	15	126
1917	57	24	24	13	19	137
1918	53	16	24	20	13	126
1919	60	13	30	8	15	126
1920	53	21	36	10	11	131
1921	58	16	19	13	8	114
1922	50	11	27	10	11	109
1923	46	4	21	13	14	98
1924	54	12	25	12	17	120
1925	53	10	35	16	12	126

TABLE XII.

Deaths and Death-rates from various groups of causes each year since 1921 (all ages).

	1921. Pop. 168,315.		1922. Pop. 172,061.		1923. Pop. 170,901.		1924. Pop. 171,295.		1925. Pop. 169,361.	
DISEASE GROUP.	No. of Deaths.	Rate per 1000 Population.	No. of Deaths.	Rate per 1000 Population.	No. of Deaths.	Rate per 1000 Population.	No. of Deaths.	Rate per 1000 Population.	No. of Deaths.	Rate per 1000 Population.
Congenital	258	1.53	214	1.24	203	1.18	225	1.31	200	1.18
Digestive	161	.95	157	.91	113	.66	137	.80	137	.81
Respiratory	402	2.38	551	3.20	401	2.34	502	2.93	518	3.06
Infectious	388	2.30	458	2.66	458	2.68	512	2.99	511	3.02
Circulatory	307	1.82	329	1.91	309	1.80	378	2.21	414	2.44
Genito - Urinary	81	.48	101	.58	81	.47	97	.56	90	.53
Malignant	289	1.71	267	1.55	261	1.53	273	1.59	295	1.74
Nervous	280	1.66	272	1.58	270	1.58	256	1.49	265	1.57
Other Causes	400	2.37	444	2.58	421	2.46	429	2.50	395	2.33
Totals	2566	15.24	2793	16.23	2517	14.72	2809	16.39	2825	16.68

TABLE XIII.

Number of Deaths, and Death-rates per 100,000 population, from certain of the Infectious Diseases each since year 1876.

YEAR.	POPULATION.	Smallpox.		Scarlet Fever.		Enteric Fever.		Typhus Fever.		Diphtheria.		Measles.		Whooping Cough.	
		No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.
1876	139,125	0	—	49	35.2	33	23.8	13	9.3	39	28.0	83	59.7	117	84.1
1877	142,951	0	—	15	10.5	34	23.8	7	4.9	39	27.3	35	24.5	86	60.2
1878	146,884	0	—	68	46.3	43	29.3	22	15.0	53	36.1	112	76.3	119	81.0
1879	150,923	0	—	28	18.6	20	13.3	19	12.6	35	23.2	1	.7	184	121.9
1880	155,075	1	.6	34	21.9	33	21.3	16	10.3	48	31.0	159	102.5	116	74.8
1881	143,045	1	.7	50	35.0	22	15.4	11	7.7	34	23.8	1	.7	98	68.5
1882	145,433	0	—	31	21.3	22	15.1	13	8.9	57	39.2	99	68.1	74	50.9
1883	147,766	0	—	13	8.8	27	18.3	10	6.8	85	57.5	7	4.7	275	186.1
1884	150,329	0	—	9	6.0	15	10.0	2	1.3	88	58.5	91	60.5	109	72.5
1885	152,838	0	—	4	2.6	18	11.8	3	2.0	32	20.9	47	30.8	80	52.3
1886	155,389	0	—	43	27.7	13	8.4	4	2.6	19	12.2	1	.6	8	5.1
1887	157,983	0	—	165	104.4	10	6.3	8	5.1	18	11.4	42	26.6	232	146.9
1888	160,619	0	—	36	22.4	18	11.2	6	3.7	26	16.2	21	13.1	18	11.2
1889	153,248	0	—	6	3.9	19	12.4	2	1.3	42	27.4	25	16.3	131	85.5
1890	154,642	0	—	10	6.5	22	14.2	2	1.3	51	33.0	165	106.7	136	87.9
1891	154,930	0	—	8	5.2	24	15.5	8	5.2	30	19.4	1	.6	130	83.9
1892	155,025	0	—	6	3.9	43	27.7	6	3.9	25	16.1	58	37.4	40	25.8
1893	157,289	1	.6	5	3.2	32	20.3	11	7.0	37	23.5	233	148.1	131	83.3
1894	158,719	1	.6	15	9.5	19	12.0	6	3.8	38	23.9	81	51.0	114	71.8
1895	160,163	0	—	11	6.9	20	12.5	0	—	25	15.6	33	20.6	92	57.4
1896	161,620	0	—	20	12.4	24	14.8	2	1.2	21	13.0	48	29.7	61	37.7
1897	163,090	0	—	37	22.7	25	15.3	1	.6	26	15.9	2	1.2	90	55.2
1898	164,575	0	—	44	26.7	9	5.5	7	4.3	28	17.0	130	84.5	80	54.1

TABLE XIII.—*Continued.*

		Smallpox.		Scarlet Fever.		Enteric Fever.		Typhus Fever.		Diphtheria.		Measles.		Whooping Cough.	
YEAR.	POPULATION.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.	No. of Deaths.	Death-rate per 100,000.
1899	166,072	0	—	14	8.4	21	12.6	5	3.0	36	21.7	46	27.7	82	49.4
1900	167,584	0	—	4	2.4	6	3.6	6	3.6	22	13.1	66	39.4	39	23.3
1901	161,346	0	—	8	5.0	11	6.8	3	1.9	18	11.2	101	62.6	160	99.2
1902	162.078	0	—	10	6.2	11	6.8	0	—	19	11.7	81	50.0	57	35.2
1903	162,805	0	—	6	3.7	33	20.3	0	—	18	11.1	4	2.5	49	30.1
1904	163,535	0	—	0	—	22	13.5	0	—	22	13.5	73	44.6	123	75.2
1905	164,267	0	—	9	5.5	11	6.7	2	1.2	26	15.8	87	53.0	62	37.7
1906	165,007	0	—	20	12.1	13	7.9	1	.6	39	23.6	65	39.4	64	38.8
1907	165,748	0	—	12	7.2	5	3.0	0	—	30	18.1	140	84.5	91	54.9
1908	168,616	0	—	36	21.4	4	2.4	1	.6	41	24.3	14	8.3	86	51.0
1909	169,409	0	—	24	14.2	4	2.4	4	2.4	39	23.0	4	2.4	62	36.6
1910	170,206	0	—	30	17.6	5	2.9	0	—	69	40.5	288	169.2	50	29.4
1911	165,044	4	2.4	13	7.9	2	1.2	0	—	36	21.8	2	1.2	91	55.1
1912	165,300	0	—	16	9.7	2	1.2	0	—	45	27.2	123	74.4	64	38.7
1913	164,975	0	—	14	8.5	7	4.2	0	—	34	20.6	41	24.9	8	4.8
1914	176,584	0	—	29	16.4	6	3.4	1	.6	30	17.0	69	39.1	29	16.4
1915	177,300	0	—	21	11.8	14	7.9	3	1.7	33	18.6	122	68.8	339	191.2
1916	181,437	0	—	11	6.1	8	4.4	1	6	33	18.2	131	72.2	10	5.5
1917	181,773	0	—	2	1.1	1	.6	0	—	43	23.7	91	50.1	8	4.4
1918	181,777	0	—	1	.6	5	2.8	0	—	39	21.5	2	1.1	95	52.3
1919	185,388	0	—	4	2.2	7	3.8	1	.5	24	12.9	51	27.5	2	1.1
1920	184,084	1	.5	6	3.3	4	2.2	0	—	30	16.3	27	14.7	24	13.0
1921	168,315	0	—	12	7.1	1	.6	0	—	15	8.9	14	8.3	66	39.2
1922	172,061	0	—	7	4.1	0	—	0	—	23	13.4	45	26.2	19	11.0
1923	170,901	0	—	14	8.2	3	1.8	0	—	34	19.9	91	53.2	43	25.2
1924	171,295	0	—	43	25.1	1	.6	0	—	44	25.7	116	67.7	35	20.4
1925	169,361	0	—	37	21.8	0	—	0	—	78	46.1	80	47.2	55	32.5

TABLE XIV.

No. of Cases notified and intimated, No. of Deaths, and Case Mortality per cent., from certain Infectious Diseases, each year since 1891.

YEAR.	Smallpox.			Scarlet Fever.			Enteric Fever.			Typhus Fever.			Diphtheria.			Measles.			Whooping Cough.		
	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths	Case Mortality.	Cases.	Deaths.	Case Mortality.
1891	0	0	—	222	8	3.6	144	24	16.7	61	8	13.1	77	30	39.0	43	1	2.3	246	130	52.8
1892	0	0	—	256	6	2.3	251	43	17.1	82	6	7.3	69	25	36.2	589	58	9.8	45	40	88.9
1893	12	1	8.3	215	5	2.3	276	32	11.6	99	11	11.1	89	37	41.6	2060	233	11.3	165	131	79.4
1894	10	1	10.0	324	15	4.6	142	19	13.4	34	6	17.6	97	38	39.2	914	81	8.9	157	114	72.6
1895	0	0	—	304	11	3.6	121	20	16.5	4	0	—	74	25	33.8	300	33	11.0	153	92	60.1
1896	0	0	—	422	20	4.7	145	24	16.6	5	2	40.0	92	21	22.8	655	48	7.3	107	61	57.0
1897	0	0	—	693	37	5.3	124	25	20.2	4	1	25.0	82	26	31.7	55	2	3.6	159	90	56.6
1898	0	0	—	835	44	5.3	79	9	11.4	30	7	23.3	131	28	21.4	1721	139	8.1	163	89	54.6
1899	0	0	—	361	14	3.9	113	21	18.6	41	5	12.2	162	36	22.2	588	46	7.8	189	82	43.4
1900	4	0	—	233	4	1.7	65	6	9.2	50	6	12.0	122	22	18.0	430	66	15.3	140	39	27.9
1901	52	0	—	317	8	2.5	76	11	14.5	15	3	20.0	145	18	12.4	846	101	11.9	281	160	56.9
1902	57	0	—	321	10	3.1	51	11	21.6	9	0	—	140	19	13.6	364	81	22.3	117	57	48.7
1903	36	0	—	197	6	3.0	180	33	18.3	8	0	—	116	18	15.5	146	4	2.7	162	49	30.2
1904	26	0	—	97	0	—	206	22	10.7	1	0	—	103	22	21.4	1044	73	7.0	384	123	32.0
1905	1	0	—	317	9	2.8	62	11	17.7	4	2	50.0	143	26	18.2	1195	87	7.3	235	62	26.4
1906	13	0	—	739	20	2.7	78	13	16.7	3	1	33.3	183	39	21.3	694	65	9.4	411	64	15.6

TABLE XIV.—*Continued.*

	Smallpox.			Scarlet Fever.			Enteric Fever.			Typhus Fever			Diphtheria.			Measles.			Whooping Cough.		
	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.	Cases.	Deaths.	Case Mortality.
1907	1	0	—	497	12	2.4	48	5	10.4	0	0	—	169	30	17.8	2103	140	6.7	634	91	14.4
1908	0	0	—	891	36	4.0	39	4	10.3	16	1	6.3	200	41	20.5	63	14	22.2	392	86	21.9
1909	0	0	—	779	24	3.1	34	4	11.8	19	4	21.1	303	39	12.9	123	4	3.3	282	62	22.0
1910	0	0	—	1021	30	2.9	69	5	7.2	2	0	—	498	69	13.9	2804	288	10.3	349	50	14.3
1911	15	4	26.7	674	13	1.9	30	2	6.7	5	0	—	367	36	9.8	9	2	22.2	540	91	16.9
1912	0	0	—	833	16	1.9	26	2	7.7	0	0	—	409	45	11.0	1660	123	7.4	564	64	11.3
1913	0	0	—	442	14	3.2	42	7	16.7	3	0	—	265	34	12.8	764	41	5.4	146	8	5.5
1914	0	0	—	816	29	3.6	79	6	7.6	3	1	33.3	319	30	9.4	689	69	10.0	212	29	13.7
1915	0	0	—	1173	21	1.8	131	14	10.7	9	3	33.3	267	33	12.4	1236	122	9.9	1846	339	18.4
1916	0	0	—	452	11	2.4	63	8	12.7	1	1	100.0	261	33	12.6	1770	131	7.4	181	10	5.5
1917	0	0	—	195	2	1.0	26	1	3.8	0	0	—	328	43	13.1	1392	91	6.5	145	8	5.5
1918	0	0	—	87	1	1.1	26	5	19.2	0	0	—	362	39	10.8	27	2	7.4	2018	95	4.7
1919	3	0	—	410	4	1.0	103	7	6.8	3	1	33.3	274	24	8.8	1851	51	2.8	79	2	2.5
1920	3	1	33.3	424	6	1.4	30	4	13.3	1	0	—	315	30	9.5	589	27	4.6	309	24	7.8
1921	0	0	—	380	12	3.2	7	1	14.3	0	0	—	274	15	5.5	586	14	2.4	504	66	13.1
1922	0	0	—	429	7	1.6	6	0	—	0	0	—	267	23	8.6	1255	45	3.6	363	19	5.2
1923	0	0	—	813	14	1.7	19	3	15.8	0	0	—	256	34	13.3	996	91	9.1	374	43	11.5
1924	0	0	—	1338	43	3.2	16	1	6.3	0	0	—	452	44	9.7	1828	116	6.3	518	35	6.8
1925	0	0	—	1528	37	2.4	17	0	—	0	0	—	648	78	12.0	806	80	9.9	706	55	7.8

TABLE XV.

MALIGNANT DISEASES.

Deaths during each year since 1920:—

Year.	Males.	Females.	Total.
1920	89	127	216
1921	113	176	289
1922	104	168	272
1923	115	146	261
1924	103	167	270
1925	114	173	287

TABLE XVI.

Number of deaths at ages over 20 years from Malignant Diseases per 10,000 population over 20 years of age, from 1877, arranged in average annual rates for quinquennial periods, sexes given separately and together:—

Year.	Males.	Females.	Total.
1877-1881	4.98	9.25	7.27
1882-1886	5.45	11.46	8.77
1887-1891	9.83	13.87	12.24
1892-1896	11.27	15.27	13.65
1897-1901	14.02	18.90	16.92
1902-1906	14.99	19.91	17.84
1907-1911	15.16	16.71	17.24
1912-1916	16.71	23.48	20.57
1917-1921	19.44	24.31	21.67
1922	23.25	26.57	25.19
1923	25.85	23.24	24.32
1924	22.71	26.58	24.96
1925	25.21	27.72	26.67

TABLE XVII.

Age and sex distribution of 1925 deaths showing parts of body affected.

Ages.		Tongue.	Jaw.	Throat.	Oesophagus and Stomach	Bowel.	Rectum.	Liver.	Breast.	Generative Organs.	Bladder.	Other parts.	Not specified.	Totals.	
Under 20	M.	...	...	..	...	...	...	...	...	...	...	1	...	1	2
	F.	...	...	...	...	...	...	...	...	...	...	1	...	1	
20—25	M.	...	...	...	...	...	...	...	...	...	...	1	...	1	1
	F.	...	...	...	...	...	...	...	...	...	..	...	...	0	
25—35	M.	...	...	...	...	...	2	...	...	...	...	..	...	2	6
	F.	...	...	...	1	...	1	...	...	2	...	..	...	4	
35—45	M.	...	...	...	3	...	1	1	...	...	...	2	...	7	17
	F.	...	...	...	...	...	1	...	3	5	...	1	...	10	
45—55	M.	2	1	1	7	...	6	2	...	...	...	2	...	21	52
	F.	...	...	...	7	2	3	2	4	10	...	3	...	31	
55—65	M.	4	...	...	7	1	9	3	...	...	2	5	...	31	77
	F.	...	...	1	10	2	9	...	4	12	...	7	1	46	
65—75	M.	2	1	...	10	2	6	4	...	...	1	9	...	35	87
	F.	...	1	...	14	...	9	4	6	7	3	8	...	52	
75 and up'ds.	M.	1	...	1	2	1	7	...	...	...	3	1	...	16	45
	F.	...	...	...	9	1	8	1	2	3	1	4	...	29	
Totals ...		9	3	3	70	9	62	17	19	39	10	45	1		287

TABLE XVIII.

Number of Deaths, and Death-rates per 100,000 population, each year since 1876, from the Respiratory Diseases (including Bronchitis, Pneumonia (all forms), Pleurisy, Asthma, Laryngitis, &c.) :—

Year.	Total Deaths.	Death-rate per 100,000.	Year.	Total Deaths.	Death-rate per 100,000
1876	689	495.2	1901	736	456.2
1877	772	540.0	1902	672	414.6
1878	649	441.8	1903	531	326.2
1879	788	522.1	1904	687	420.1
1880	843	543.6	1905	523	318.4
1881	712	497.7	1906	618	374.5
1882	654	449.7	1907	566	341.4
1883	866	586.1	1908	552	327.4
1884	596	396.5	1909	582	343.5
1885	736	481.6	1910	581	341.4
1886	644	414.4	1911	519	314.5
1887	722	457.0	1912	558	337.6
1888	748	465.7	1913	509	308.5
1889	624	407.2	1914	466	263.9
1890	884	571.6	1915	750	423.0
1891	863	557.0	1916	434	239.2
1892	663	427.7	1917	414	227.8
1893	823	523.2	1918	850	467.6
1894	622	391.9	1919	640	345.2
1895	747	466.4	1920	657	356.9
1896	657	406.5	1921	402	238.8
1897	738	452.5	1922	552	320.8
1898	694	421.7	1923	401	234.6
1899	596	358.9	1924	502	293.1
1900	770	459.5	1925	518	305.9

TABLE XIX.

Number of Deaths, and Death-rates per 100,000 population, each year since 1876, from Diabetes Mellitus :—

Year.	Total Deaths.	Death-rate per 100,000.	Year.	Total Deaths.	Death-rate per 100,000
1876	—	—	1901	5	3.1
1877	—	—	1902	7	4.3
1878	—	—	1903	11	6.8
1879	2	1.3	1904	11	6.7
1880	3	1.9	1905	11	6.7
1881	2	1.4	1906	8	4.8
1882	4	2.8	1907	7	4.2
1883	3	2.0	1908	9	5.3
1884	4	2.7	1909	15	8.9
1885	0	—	1910	11	6.5
1886	1	.6	1911	11	6.7
1887	0	—	1912	17	10.3
1888	1	6	1913	11	6.7
1889	2	1.3	1914	17	9.6
1890	0	—	1915	16	9.0
1891	4	2.6	1916	10	5.5
1892	2	1.3	1917	13	7.2
1893	4	2.5	1918	11	6.1
1894	3	1.9	1919	8	4.3
1895	3	1.9	1920	8	4.3
1896	4	2.5	1921	10	5.9
1897	2	1.2	1922	10	5.8
1898	3	1.8	1923	17	9.9
1899	2	1.2	1924	12	7.0
1900	9	5.4	1925	10	5.9

TABLE XX.

INFLUENZA.

Deaths in which Influenza was given as a cause, each month since 1918.

MONTH.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.
January	1	31	4	5	73	2	0	5
February	0	58	0	6	19	0	2	2
March	0	40	4	8	3	0	7	3
April	1	8	55	4	1	2	8	3
May	0	3	24	2	1	1	2	0
June	0	0	0	0	0	1	1	0
July	35	1	1	0	0	0	0	0
August	3	0	0	0	0	0	0	0
September	0	0	0	1	0	1	3	3
October	59	0	2	0	1	0	0	1
November	235	2	0	2	4	1	10	1
December	113	0	0	5	1	4	6	2
Totals	447	143	90	33	103	12	39	20

TABLE XXI.

Deaths in which Influenza appears as a cause in death certificate 1918-1925 classified in age-periods.

AGE-PERIODS.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.
Under 1 year	14	3	3	0	4	0	1	0
1- 5 years	58	19	13	0	3	0	1	2
5-15 „	65	10	4	1	2	0	1	0
15-25 „	59	18	12	2	5	0	1	0
25-45 „	139	46	25	2	28	2	8	3
45-65 „	76	31	14	9	26	2	12	7
65 and upwards	36	16	19	19	35	8	15	8
Totals	447	143	90	33	103	12	39	20

During 1925, 4 deaths were certified as due to Influenza alone, while in 16 cases it was associated with:—

Bronchitis	2
Pneumonia	9
Other causes	5

TABLE XXII.

INFECTIOUS DISEASES.—Number of Cases of each disease notified and reported in Dundee during the year 1925. Also number removed and number not removed to Hospital.

DISEASE.	At all ages.	At Ages—Years.							Cases removed to Hospital.	Gases not removed to Hospital.
		Under 1.	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards		
Typhoid Fever -	26	1	4	8	4	5	3	1	25	1
Scarlet Fever -	1528	15	478	816	134	77	8	...	887	641
Diphtheria -	648	24	229	291	63	34	6	1	570	78
Erysipelas -	181	6	4	8	21	50	74	18	26	155
Puerperal Fever	27	..	...	...	10	17	...	...	17	10
Ophthalmia Neonatorum -	69	69	...	...	...	...	...	...	15	54
Infective Jaundice -	2	...	..	...	1	1	...	...	0	2
Malaria - -	7	...	...	...	2	4	1	...	2	5
Dysentery -	2	...	1	...	1	...	...	...	1	1
Acute Primary Pneumonia -	417	60	147	71	55	47	26	11	131	286
Acute Influenzal Pneumonia -	29	...	...	4	2	8	12	3	7	22
Pulmonary Tuberculosis	280	...	8	49	72	100	42	9	271	9
Non-Pulmonary Tuberculosis -	121	1	35	32	27	17	5	4	43	78
Cerebro-Spinal Fever - -	4	...	1	1	1	1	...	...	3	1
* Encephalitis Lethargica -	6	...	...	2	2	1	1	...	6	0
* Measles - -	806	60	426	312	6	2	...	...	98	708
* Whooping Cough	706	81	330	293	...	2	...	...	4	702
* Chickenpox -	585	19	161	403	1	1	...	...	3	582
Totals - -	5444	336	1824	2290	402	367	178	47	2109	3335

*Not notifiable in Dundee during 1925.

Tuberculosis—cases notified in a previous year and removed to Hospital for the first time during 1925—

Pulmonary, 22; Non-Pulmonary, 4; Total, 26.

TABLE XXIII.

Monthly Notifications and Intimations of Infectious Disease, Dundee, 1925.

DISEASE.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Typhoid Fever	1	1	3	1	1	...	1	7	2	2	4	3	26
Scarlet Fever	94	79	105	102	94	76	82	106	202	244	213	131	1528
Diphtheria	60	48	72	51	48	48	33	29	49	82	67	61	648
Erysipelas	14	20	14	10	14	8	10	16	12	18	24	21	181
Puerperal Fever	2	...	3	...	1	3	...	1	6	...	5	6	27
Ophthalmia Neonatorum ...	9	5	4	4	4	4	8	6	8	10	3	4	69
Infective Jaundice	...	...	...	2	...	...	...	...	...	...	...	...	2
Malaria	...	1	1	...	...	1	...	1	...	1	2	...	7
Dysentery	...	...	...	...	...	...	...	...	...	1	1	...	2
Acute Primary Pneumonia ...	58	42	26	36	16	27	13	19	23	39	73	45	417
Acute Influenzal Pneumonia ...	8	6	6	1	...	1	...	1	...	1	3	2	29
Pulmonary Tuberculosis .	31	22	30	27	25	28	13	21	25	27	15	16	280
Non-Pulmonary Tuberculosis	14	12	11	18	17	11	5	4	7	11	6	5	121
Cerebro-Spinal Fever	...	...	1	...	1	1	...	...	...	1	...	...	4
*Encephalitis Lethargica ...	...	2	4	...	...	...	...	...	...	...	...	...	6
*Measles	496	167	71	34	10	3	...	3	12	5	4	1	806
*Whooping Cough	76	60	103	125	88	82	8	27	49	33	33	22	706
*Chickenpox	21	7	17	18	20	35	6	13	46	133	144	125	585
Total	884	472	471	429	339	328	179	254	441	608	597	442	5444

* Not Notified in Dundee during 1925.

TABLE XXIV.

TUBERCULOSIS.—Notifications and Deaths with corresponding rates per 1,000 population at various age-periods each year since 1917.

		PULMONARY TUBERCULOSIS.												NON-PULMONARY TUBERCULOSIS.											
Year.		0-5.		5-15.		15-25.		25-45.		45-65.		65 & over.		0-5.		5-15.		15-25.		25-45.		45-65.		65 & over.	
		No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.
1917	Notifications	16	.81	56	1.52	114	3.27	160	3.19	79	2.58	7	.71	54	2.75	46	1.25	34	.97	30	.60	6	.19	1	.10
	Deaths	4	.20	14	.38	39	1.12	95	1.89	58	1.90	8	.81	53	2.70	29	.79	21	.60	22	.44	12	.39	3	.31
1918	Notifications	25	1.27	57	1.55	99	2.84	131	2.61	77	2.52	4	.40	50	2.54	56	1.52	54	1.55	23	.46	13	.42	5	.50
	Deaths	11	.56	23	.63	63	1.81	76	1.51	74	2.42	9	.92	25	1.27	29	.79	15	.43	10	.20	9	.29	2	.20
1919	Notifications	13	.64	72	1.92	102	2.91	180	3.38	63	2.02	12	1.19	36	1.79	38	1.01	33	.94	17	.32	10	.32	3	.30
	Deaths	4	.19	8	.21	38	1.11	71	1.35	37	1.19	7	.69	24	1.19	19	.50	13	.37	11	.21	8	.25	8	.79
1920	Notifications	13	.67	74	2.05	94	2.62	159	3.07	75	2.40	8	.84	45	2.30	39	1.05	31	.86	12	.23	5	.16	—	—
	Deaths	1	.05	7	.19	38	1.20	73	1.29	56	1.81	8	.84	31	1.61	16	.43	9	.28	8	.14	5	.16	—	—
1921	Notifications	21	1.43	57	1.81	105	3.30	128	2.77	54	1.62	8	.77	24	1.50	47	1.46	15	.47	8	.17	5	.14	2	.19
	Deaths	3	.20	5	.15	38	1.19	76	1.64	38	1.12	8	.77	17	1.15	16	.50	11	.34	8	.17	4	.12	3	.29
1922	Notifications	15	.99	66	2.05	109	3.34	130	2.75	73	2.10	8	.76	49	3.26	54	1.68	40	1.23	12	.25	7	.66	—	—
	Deaths	—	—	10	.31	36	1.10	64	1.35	53	1.53	5	.47	26	1.73	15	.46	19	.58	—	—	6	.17	1	.09
1923	Notifications	20	1.34	50	1.56	72	2.23	97	2.07	60	1.74	10	.95	50	3.35	70	2.19	52	1.61	27	.58	12	.34	5	.47
	Deaths	6	.40	11	.34	45	1.39	64	1.36	35	1.01	6	.57	35	2.34	16	.50	13	.40	6	.12	5	.14	3	.28
1924	Notifications	14	.93	48	1.50	73	2.25	101	2.15	51	1.47	8	.76	50	3.34	37	1.15	26	.80	20	.43	7	.20	2	.19
	Deaths	1	.06	8	.25	44	1.36	55	1.17	33	.96	5	.47	28	1.87	14	.44	9	.28	6	.13	7	.20	1	.09
1925	Notifications	8	.54	49	1.55	72	2.25	100	2.15	42	1.23	9	.88	36	2.44	32	1.01	27	.84	17	.37	5	.15	4	.39
	Deaths	4	.27	6	.19	39	1.22	57	1.23	36	1.05	6	.55	18	1.22	9	.28	15	.47	10	.22	4	.12	3	.29

TABLE XXV.

TUBERCULOSIS—Notifications and Deaths, with corresponding rates per 1,000 population, for each year since 1913 (since notification became compulsory).

YEAR.	Estimated Population.	NOTIFICATIONS AND CASE RATES.						DEATHS AND DEATH - RATES.					
		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Tuberculosis (all forms).		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis		Tuberculosis (all forms).	
		No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.
1913	164,975	400	2.42	Non-Pulmonary Tuberculosis				191	1.16	128	.77	319	1.93
1914	176,584	590	3.34	notifiable in March, 1914.				249	1.41	126	.71	375	2.12
1915	177,300	485	2.73	377	2.12	862	4.86	275	1.55	113	.64	388	2.19
1916	181,437	522	2.87	213	1.17	735	4.05	259	1.42	95	.52	354	1.95
1917	181,773	432	2.37	171	.94	603	3.36	218	1.20	110	.77	358	1.97
1918	181,777	393	2.16	201	1.11	594	3.26	256	1.40	90	.49	346	1.90
1919	185,388	442	2.38	137	.73	579	3.12	165	.89	83	.44	248	1.33
1920	184,084	423	2.29	132	.71	555	3.01	183	.99	69	.38	252	1.37
1921	168,217	375	2.23	99	.58	474	2.81	168	.99	59	.35	227	1.34
1922	172,061	401	2.33	162	.94	563	3.27	168	.98	67	.39	235	1.37
1923	170,901	309	1.80	216	1.26	525	3.07	167	.98	78	.45	245	1.43
1924	171,295	295	1.72	142	.83	437	2.55	146	.85	65	.38	211	1.23
1925	169,361	280	1.65	121	.72	401	2.37	148	.87	59	.35	207	1.22

TABLE XXVI.

TUBERCULOSIS — Notifications and Deaths with corresponding rates per 1,000 population in various wards, 1925.

	NOTIFICATIONS AND CASE RATES.						DEATHS AND DEATH - RATES.					
WARD.	Pulmonary Tuberculosis.	Per 1000.	Non-Pulmonary Tuberculosis.	Per 1000.	Tuberculosis (all forms).	Per 1000.	Pulmonary Tuberculosis.	Per 1000.	Non-Pulmonary Tuberculosis	Per 1000.	Tuberculosis (all forms).	Per 1000.
I.	29	1.99	11	.76	40	2.75	13	89	7	.48	20	1.37
II.	24	1.91	4	.32	28	2.23	10	.80	4	.32	14	1.12
III.	28	1.74	7	.44	35	2.18	18	1.12	4	.25	22	1.37
IV.	24	1.26	13	.69	37	1.95	14	.74	7	.37	21	1.11
V.	35	1.55	11	.49	46	2.04	18	.80	4	.18	22	.98
VI.	40	2.25	17	96	57	3.21	20	1.12	5	.29	25	1.41
VII.	20	1.10	13	72	33	1.82	12	.66	8	.44	20	1.10
VIII.	30	1.58	20	1.06	50	2.64	15	.79	11	.58	26	1.37
IX.	38	2.02	17	.91	55	2.93	20	1.06	6	.32	26	1.38
X. and XI.	9	.82	7	.63	16	1.45	6	.55	3	.27	9	.82
No fixed above	3	—	1	—	4	—	2	—	—	—	2	—
Totals	280	1.65	121	.72	401	2.37	148	.87	59	.35	207	1.22

TABLE XXVII.

PULMONARY TUBERCULOSIS—Notifications and Deaths with corresponding rates per 1,000 population for each sex for each year since 1915.

YEAR.	NOTIFICATIONS.				DEATHS.			
	Males.		Females.		Males.		Females.	
	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.	No.	Per 1000.
1915	216	2.75	269	2.72	106	1.35	169	1.71
1916	227	2.83	295	2.92	99	1.23	160	1.58
1917	181	2.25	251	2.48	100	1.24	118	1.16
1918	198	2.46	195	1.92	117	1.45	139	1.37
1919	238	2.90	204	1.97	90	1.09	75	.72
1920	223	2.74	200	1.95	95	1.16	88	.85
1921	197	2.64	178	1.90	81	1.08	87	.92
1922	170	2.23	231	2.41	75	.98	93	.97
1923	149	1.97	160	1.68	73	.96	94	.98
1924	135	1.78	160	1.68	75	.98	71	.74
1925	125	1.66	155	1.65	61	.81	87	.93

TABLE XXVIII.

Pulmonary Tuberculosis—Deaths in Institutions each year since 1915.

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Total Deaths from Pulmon. T.B. -	275	259	218	256	165	183	168	168	167	147	148
No. of Deaths from Pulmon. T.B. in Institutions -	25	66	64	98	67	93	91	85	75	62	66
Percentage of Total Deaths from Pulmon. T.B. Dying in Institutions .	9·09	25·52	29·35	38·28	40·6	50·8	54·1	50·6	44·9	42.1	44.6

TABLE XXIX.

MATERNAL MORTALITY.

Certified causes of deaths of women from diseases and accidents connected with pregnancy and child-birth during 1925, and average numbers for 5-yearly period 1920-1924.

CAUSE OF DEATH.	Average Annual Number, 1920-1924.	1925.
Abortion, Miscarriage	1	1
Uncontrolled vomiting	0	0
Ectopic gestation	0	0
Other diseases and accidents of pregnancy	1	0
Puerperal hæmorrhage	3	2
Other accidents to parturition	2	1
Puerperal sepsis	10	6
Phlegmasia alba dolens, Embolism	1	2
Albuminuria of pregnancy—Eclampsia ...	6	1
Other diseases of puerperium	2	4
Puerperal diseases of breast	0	0
Totals	26	17

TABLE XXX.

Maternal Mortality Rates — number of deaths per 1,000 registered births each year, 1919-1925.

1919.	1920.	1921.	1922.	1923.	1924.	1925.
5.48	7.13	5.61	8.51	4.76	3.9	4.6

TABLE XXXI.

Number of births per 1,000 population, illegitimate births per 100 registered births, and marriages per 1,000 population, each year, 1914-1925.

Year.	Birth-rate.	Illegitimate-rate.	Marriage-rate.
1914	25.2	9.1	8.3
1915	22.1	8.0	9.5
1916	20.5	8.0	7.1
1917	15.6	11.2	7.0
1918	16.0	10.6	7.5
1919	18.7	11.1	10.6
1920	27.4	8.5	11.4
1921	26.5	7.7	10.0
1922	24.6	7.0	8.8
1923	24.6	7.9	8.3
1924	22.6	7.2	7.6
1925	21.8	6.4	7.6

TABLE XXXII.

VACCINATIONS, 1925.

No. of Registered Births during 1925.	No. of deaths before Vaccination of Infants born in Dundee during 1925.	No. of Conscientious Objections lodged during 1925.
3,694	297	2,316

TABLE XXXIII.

The Public Health (Port Administration Infectious Diseases) Regulations (Scotland), 1921.

DETAILS OF VESSELS ENTERING THE PORT.

	No. of Arrivals.	Tonnage.	No. Inspected by Medical Officer.	No. Inspected by Sanitary Inspector.	No. Reported Defective.	No. of Orders Issued.
From Foreign—						
Steamers	302	500,868	1	302	204	329
Motor	2	6,882	1	2	—	2
Sailing	6	1,165	—	6	1	6
	310	508,915	2	310	205	337
Coastwise	776	*122,274	—	—	—	—
	1,086	631,189	2	310	205	337

*For 6 months only.

TABLE XXXIV.

Principal Foreign Places from which ships arrived and notes of cargoes.

PORT OR COUNTRY.	No.	CARGOES.
India (Calcutta, Chittagong, Bombay)	67	Jute, Gunnies, Cottonseed and Linseed.
Hamburg	51	Sugar, Potash, Farina and Fancy Goods.
Dunkirk	6	Sugar and General Cargo.
Rotterdam	26	Sugar, Milk, Cheese, Steel Plates.
Antwerp	9	Do.
Ghent	7	Do.
Gothenburg	21	Paper and Wood.
Algeria	7	Esparto Grass.
U.S.A.	32	Flour, Sugar, Tinned Food, Timber, Pitch.
Baltic Ports, Norway, &c.	84	Timber, Flax, Granite and Tar.

TABLE XXXV.

Details of Action taken:—

Total Number of verbal intimations		337
Total number of special rat notices issued		127
Total number of visits to ships		648
Total number of cabins disinfected for tuberculosis		1
Bedding and clothing removed to King's Cross Hospital for disinfection		1
Total number of ships from infected or suspected ports		79
Do. (direct)	19	
Do. (indirect)	60	
Nuisances and Defects attended to :—		
Forecastles cleaned out		10
Mess-rooms cleaned		15
Galleys and store-rooms cleaned		42
Waste food causing a nuisance		14
Water-closets choked and repaired		17
Water-closets cleaned out		82
Discharge of foul water on quay		18
Dirty and broken baths		5
Bugs and other vermin in forecastles		2
Total nuisances		205
Fresh water tanks cleaned out		12
Forecastles washed		17
Baths painted		23
W.C.'s painted		18
Galleys painted or washed		34

TABLE XXXVI.

BACTERIOLOGICAL LABORATORY.

Examinations carried out on behalf of the Department by Professor Tulloch in the Laboratory, University College, Dundee.

	1919	1920	1921	1922	1923	1924	1925
Wassermann Tests	1301	3019	4084	3573	3418	3261	3513
Microscopical and other examinations under V.D. Scheme for—							
Syphilis	47	163	208	125	91	68	33
Gonorrhœa	644	827	662	485	935	1589	1690
Swabs for diphtheria	125	429	470	569	848	1188	2027
Widal tests for enteric fever	185	55	52	65	126	158	140
Sputum examinations	48	127	280	303	317	334	385
Examination of fæces, &c., for—							
Enteric fever	163	118	47	24	62	64	80
Dysentery	0	21	4	3	2	0	13
Infantile Diarrhœa	0	38	5	5	7	11	8
Special Examinations	0	23	50	14	66	96	182
	2513	4820	5862	5166	5872	6769	8071

TABLE XXXVII.

DISINFECTION.

The table submitted below details the year's work in regard to disinfection.

MONTH.	Beds.	Mattresses.	Rugs.	Blankets	Sheets.	Wearing Apparel.	Miscellaneous Articles.	Total No. of Articles.	No. of Houses from which clothes were removed.
January ...	11	23	388	428	362	1,044	1.127	3,383	230
February ...	3	16	267	301	254	662	615	2,118	139
March ...	8	24	385	447	380	885	919	3,048	188
April ...	2	55	343	380	308	700	972	2,760	161
May ...	3	55	327	354	235	656	759	2,389	143
June ...	3	13	300	314	282	402	543	1,857	149
July ...	55	11	243	233	266	388	594	1,790	123
August ...	300	24	249	682	242	443	567	2,507	130
September	2	8	349	372	376	839	984	2,930	205
October ...	6	4	478	453	479	823	1,034	3,277	252
November	6	17	553	579	519	917	1,070	3,661	271
December	7	13	543	545	446	758	946	3,258	243
	406	263	4.425	5,088	4,149	8,517	10,130	32,978	2,234

The following figures relate to the articles disinfected and the houses concerned each year since 1920:—

	1920.	1921.	1922.	1923.	1924.	1925.
Articles	20,917	18,078	17,480	20,074	26,763	32,978
Houses concerned ...	1,204	1,103	1,025	1,322	1,535	2,234

TABLE XXXVIII.

FACTORIES, WORKSHOPS AND WORKPLACES.

1. Inspection of Factories, Workshops and Workplaces, including inspections made by Sanitary Inspectors.

PREMISES.	NUMBER OF Inspections.	Written Notices.	Occupiers Prosecuted.
Factories (including factory laundries) ...	148	0	0
Workshops (including workshop laundries) ...	1,395	3	1
Workplaces (other than outworkers' premises)	210	0	0
Total	1,753	3	1

2. Defects found in Factories, Workshops and Workplaces.

PARTICULARS.	NUMBER OF DEFECTS Found.	Remedied.	Referred to H.M. Inspector.	No. of offences in respect to which Prosecutions were instituted.
Nuisances under the Public Health Acts*—				
Want of cleanliness	75	75	—	—
Want of ventilation	6	6	—	—
Overcrowding	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances	5	5	—	—
Sanitary accommodation—				
Insufficient	11	11	—	—
Unsuitable or defective ...	5	5	—	—
Not separate for sexes ...	1	1	—	—
Offences under the Factory and Workshop Acts—				
Illegal occupation of underground bakehouse (S.101) ...	—	—	—	—
Other offences ... ... (excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Scottish Board of Health (Factories and Workshops Transfer of Powers) Order, 1921)	—	—	—	—
Total	103	103	—	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

TABLE XXXIX.

DUNDEE INFANT HOSPITAL.

Year to 31st December, 1925.

In Hospital, 1st January, 1925		33
Admitted		191
		224
Discharged—		
Relieved	66	
Unrelieved	8	
Taken home against advice	13	
Sent to Royal Infirmary	2	
Sent to King's Cross	14	
Sent home for disinfection	58	
	—	161
		63
Died—		
Marasmus	17	
Marasmus and pneumonia	2	
Intestinal intoxication	1	
Dyspepsia	4	
Debility after operation	1	
Broncho-pneumonia	2	
T. B. Meningitis	1	
Congenital syphilis	1	
Cleft Palate	1	
	—	30
In Hospital 31st December, 1925		33

Highest Daily Number	34
Lowest Daily Number	6
Average Daily Number	29.35
Average Daily Number	30.09 (on occupied days).
Total Patient Days	10,714

Medical Ward was closed for three days in January, 1925—Measles and Diphtheria.

Observation Ward was closed for seven days in April, 1925—Painting.

Medical Ward was closed for seven days in April, 1925—Painting.

The Hospital was closed for nine days in May, 1925—Nasal Diphtheria.

The cases treated were:—

Marasmus	89
Infantile Dyspepsia	29
Debility	18
Broncho-pneumonia	14
Eczema	2
Rickets	11
Intestinal decomposition	9
T.B. Hip, Elbow, 4th and 5th Digits	1
Starvation	2
Prolapse rectum	1
Tabes mesenterica	1
Thread worms	1
Gastro-enteritis	2
Bronchitis	2
Enlarged adenoids	1
T.B. Meningitis	1
Congenital syphilis	1
Mongolisen	1
Cleft palate	1
T.B. Bone	1
Wasting	1
Imperforate anus (after operation)	1
Coxa vara	1
	191

TABLE XL.

VENEREAL DISEASES SCHEME.

Patients suffering from Venereal Diseases, attending the V.D. Centres who	Both Sexes.		Males.		Females.	
	No.	Percentage.	No.	Percentage.	No.	Percentage.
Left before completing a course of treatment,	238	36%	114	29%	124	46%
Left after completing a course of treatment, but before final tests as to cure,	93	14%	61	16%	32	11%
Were transferred to other centres.	72	11%	52	13%	20	7%
Were discharged from centre after completion of treatment,	263	39%	162	42%	101	36%
Total,	666	100%	389	100%	277	100%

TABLE XLI.

Doses of Arseno-Benzol Compounds Issued.

	Treatment Centre.	Other Institutions.	Medical Practitioners.	Total.
1919 ...	1,958	13	141	2,112
1920 ...	6,362	18	472	6,852
1921 ...	6,280	239	358	6,877
1922 ...	5,135	239	239	5,613
1923 ...	5,224	198	123	5,545
1924 ...	3,887	275	504	4,666
1925 ...	2,836	341	398	3,575

TABLE XLII.

LABORATORY WORK—The following examinations were carried out under the V.D. scheme during each of the last seven years:—

	1919.	1920.	1921.	1922.	1923.	1924.	1925.
Wassermann Tests ...	1,301	3,019	4,084	3,573	3,418	3,261	3,513
Microscopical and other Examinations ...	691	900	870	610	1,555	1,657	1,723
	1,992	3,919	4,954	4,183	4,973	4,918	5,236

TABLE XLIII.

Unsound Food. All Seized at the Public Slaughter-Houses.

Number of Seizures, Weight (in lbs.) of Meat Seized, and Reasons for Seizure.
FOR YEAR ENDING 31st DECEMBER, 1925.

DISEASE	BEEF		MUTTON		PORK		TOTAL	
	Number	Weight	Number	Weight	Number	Weight	Number	Weight
(a) Tuberculosis	1,255	125,718	—	—	70	2,577	1,325	128,295
(b) Other Diseases :—								
Pneumonia	38	2,020	20	574	1	12	59	2,606
Fevered Conditions	55	16,188	119	4,179	27	1,615	201	21,982
Septic Conditions	19	4,057	16	691	5	381	40	5,129
Rheumatism	11	859	5	74	4	30	20	963
Fractures and Bruises	64	4,279	37	308	11	263	112	4,850
Dropsical Conditions	35	5,788	123	2,091	16	277	174	8,156
Inflammation of Abdominal Organs ...	20	2,770	2	17	3	70	25	2,857
Asphyxiation	2	1,204	3	145	1	165	6	1,514
Decomposition	3	273	8	110	1	22	12	405
Actinomycosis	36	617	—	—	—	—	36	617
Abscesses, Tumours, and Cysts	27	294	7	72	2	66	36	432
Wasted Conditions	4	992	4	119	—	—	8	1,111
Lymphadenitis	3	964	—	—	—	—	3	964
Totals	1,572	166,023	344	8,380	141	5,478	2,057	179,881

TABLE XLIV.

Shews the different kinds of Animals Slaughtered at the Public Slaughter-houses each month during 1925, also the numbers of their carcases found to be Diseased or Unsound, and the weights of each class seized and destroyed.

MONTH.	Animals Slaughtered.				Numbers of their Carcases Diseased or Unsound.				Weights (in lbs.) condemned from Carcases of Animals Slaughtered on the Premises.				
1925.	Cattle.	Calves.	Sheep.	Pigs.	Cattle.	Calves.	Sheep.	Pigs.	Beef.	Veal.	Mutton.	Pork.	TOTAL.
January -	1,144	2	1,954	385	83	1	13	13	11,654	124	186	391	12,355
February -	1,131	6	1,681	388	103	1	7	13	9,405	40	83	464	9,992
March -	1,159	6	1,659	432	113	2	22	11	8,101	50	298	315	8,764
April -	1,216	1	1,513	329	111	1	13	6	8,683	70	149	143	9,045
May -	1,162	1	1,556	199	123	...	19	11	12,154	...	282	457	12,893
June -	1,178	...	1,595	122	109	...	5	4	13,777	...	151	355	14,283
July -	1,153	6	1,623	108	106	1	6	1	8,714	22	59	98	8,893
August -	1,275	16	1,833	115	133	1	6	9	11,357	56	222	136	11,771
September	1,315	2	2,187	326	143	...	12	11	14,594	...	326	161	15,081
October -	1,308	6	2,190	253	157	...	18	14	14,540	...	297	487	15,324
November	1,257	4	2,081	279	133	...	10	10	10,824	...	237	256	11,317
December	1,453	3	2,242	400	134	...	10	15	14,548	...	149	507	15,204
Totals -	14,751	53	22,114	3,336	1,448	7	141	118	138,351	362	2,439	3,770	144,922

TABLE XLV.

Shews the numbers of the different kinds of Carcases, dressed and undressed, brought to the Slaughter-houses each month during 1925, with the numbers found to be diseased or unsound, and the weight of each class seized and destroyed on that account.

Month.	Carcases brought in.				Numbers of them diseased or unsound.				Weight (in lbs.) Seized and Condemned from Carcases brought in.				
1925.	Cattle.	Calves.	Sheep.	Pigs.	Cattle.	Calves.	Sheep.	Pigs.	Beef.	Veal.	Mutton.	Pork.	Total.
January -	358	3	378	72	14	1	30	9	3,376	56	658	550	4,640
February -	240	3	280	53	6	2	15	3	668	112	450	294	1,524
March -	205	13	374	27	11	...	38	7	2,307	...	1,267	427	4,001
April -	270	17	465	19	16	...	40	...	4,020	...	865	...	4,885
May -	338	44	334	27	18	..	19	...	3,536	...	718	...	4,254
June -	258	28	452	26	10	...	5	1	2,644	...	162	152	2,958
July -	238	6	176	25	4	...	3	1	888	...	21	7	916
August -	345	10	267	17	3	...	4	...	572	.	93	...	665
September	238	4	161	9	12	.	4	..	4,589	..	212	...	4,801
October -	320	7	220	17	5	...	12	...	1,233	...	584	...	1,817
November	278	5	177	17	7	1	14	...	1,013	48	356	..	1,417
December -	300	5	433	24	7	...	19	2	2,336	...	496	249	3,081
Total -	3,388	145	3,717	333	113	4	203	23	27,182	216	5,882	1,679	34,959
Table XLIV.	14,751	53	22,114	3,336	1,448	7	141	118	138,351	362	2,439	3,770	144,922
Total of Tables XLIV. and XLV.	18,139	198	25,831	3,669	1,561	11	344	141	165,533	578	8,321	5,449	179,881

TABLE XLVI.

The following is a synopsis of the organs seized and condemned in addition to the foregoing at the slaughter-houses for the full year:—

CATTLE ORGANS.		SHEEP ORGANS.		PIGS' ORGANS.	
Cows' Udders ...	180	Livers	14	Udders	8
Livers	1399	Plucks	170	Plucks	218
Lungs	1233	Kidneys	33	Kidneys	6
Hearts	399	Lungs	35	Livers	38
Kidneys	53				
Heads	369				
Tongues	448				
Skirts	96				

TINNED AND FROZEN MEAT SEIZED FOR DECOMPOSITION.

Frozen Meat	565 lbs.
Tinned Meat	156 ,,
Tinned Eggs	28 ,,
Frozen Ox Liver ...	14 ,,
	763 lbs.

The number of Carcases wholly or partially condemned for tuberculosis during each year for the last five years were as follows:—

YEAR.	Bulls.	Bullocks.	Heifers.	Cows.	Calves.	Sheep.	Pigs.	Total.
1921	7	83	17	200	1	—	31	339
1922	16	93	22	260	5	1	65	462
1923	25	166	17	263	—	—	41	512
1924	36	211	14	319	1	—	81	662
1925	87	602	14	550	2	—	88	1,343

TABLE XLVII.

The totals for the years 1905 to 1924, (excluding 1915 to 1918) were :—

YEAR.	Carcases Examined.				Numbers Diseased or Unsound.				Weight (in lbs.) of Meat Seized and Condemned.				
	Cattle.	Calves.	Sheep.	Pigs	Cattle.	Calves.	Sheep.	Pigs.	Beef.	Veal.	Mutton.	Pork.	TOTAL.
1905	18,033	801	31,891	5,484	603	49	259	47	176,778	2,471	9,227	5,164	193,640
1906	19,127	891	34,676	4,690	603	51	230	46	177,705	2,318	8,664	5,931	194,618
1907	19,439	901	34,763	5,157	562	56	253	52	145,114	2,554	9,686	3,989	161,343
1908	19,137	684	33,759	5,052	588	45	264	61	159,519	1,936	9,487	6,193	177,135
1909	19,714	780	47,363	3,490	597	53	218	57	158,354	2,579	7,511	6,019	174,463
1910	19,957	664	41,782	3.255	602	38	167	53	160,085	1,942	6,184	5,084	173,295
1911	19,015	561	40,611	4,132	582	33	179	55	154,380	1,851	7,322	6,657	170,210
1912	18,836	574	38,896	4,339	573	39	173	71	150.502	2,194	7,160	7,106	166,962
1913	19,206	515	34,929	2,744	633	45	131	24	155.996	2,115	5,807	2,086	166,004
1914	18,664	427	34,672	3,401	549	38	156	52	134,341	1,811	6,595	3,624	146,371
1919	19,743	268	38,156	4,381	463	45	228	95	135,692	2,328	8,281	1,494	147,795
1920	20,933	250	29,795	2,386	627	51	170	58	174,715	2.955	6,707	5,931	190,308
1921	17,914	182	26,357	2,717	633	32	214	52	144,858	2,278	9,353	4,572	161,061
1922	18,825	207	31,139	4,199	879	38	350	120	188,971	1,762	13,537	6,974	211,244
1923	18,756	138	26,286	3,570	958	33	318	113	219,803	2,022	12,319	8,362	242,506
1924	18,276	184	25,691	4,037	1,382	18	485	242	209.771	714	13,219	9,875	233,579

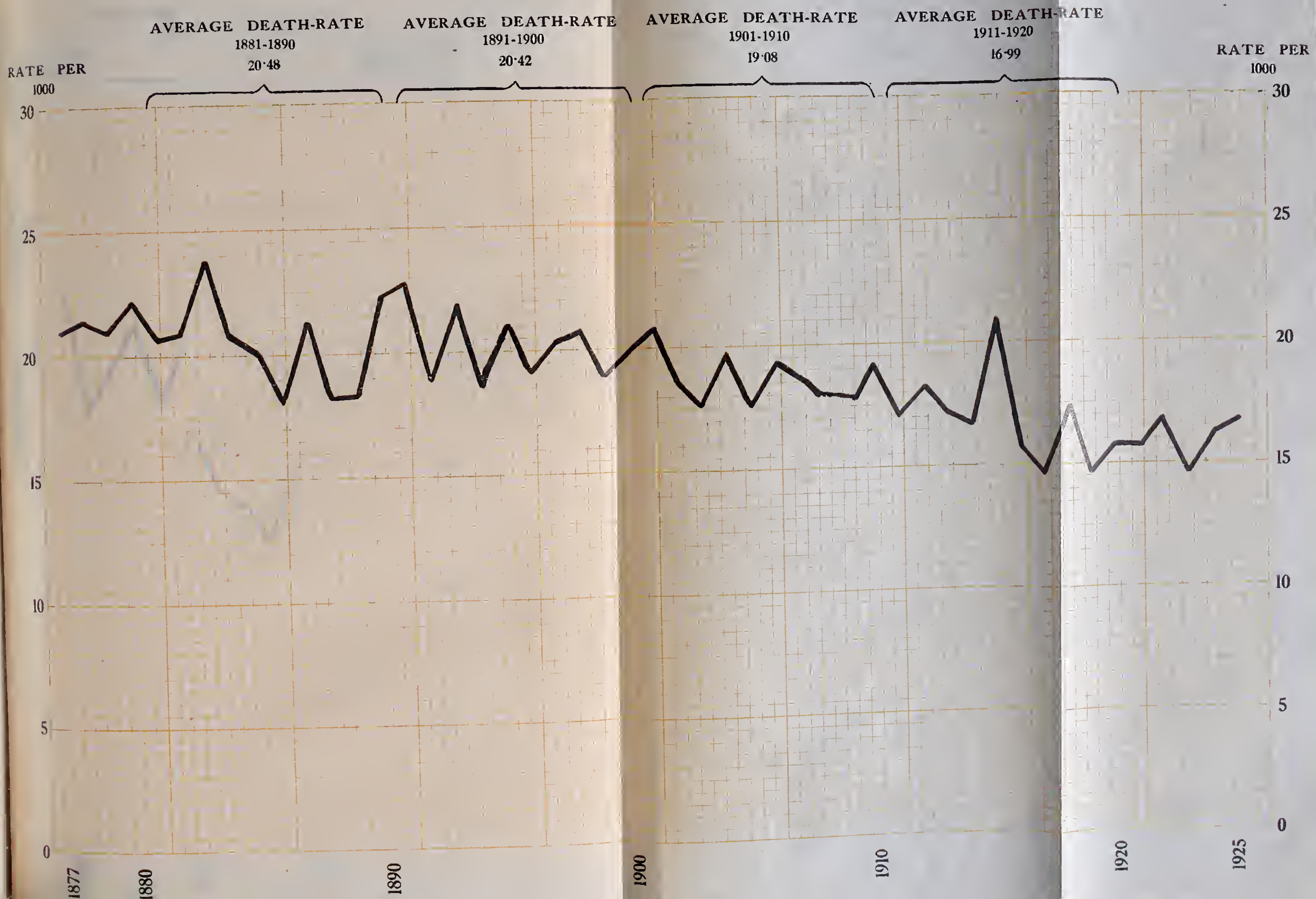
CITY OF DUNDEE

1

DEATH RATE per 1000 Population.

(at all ages and from all causes)

1877-1925

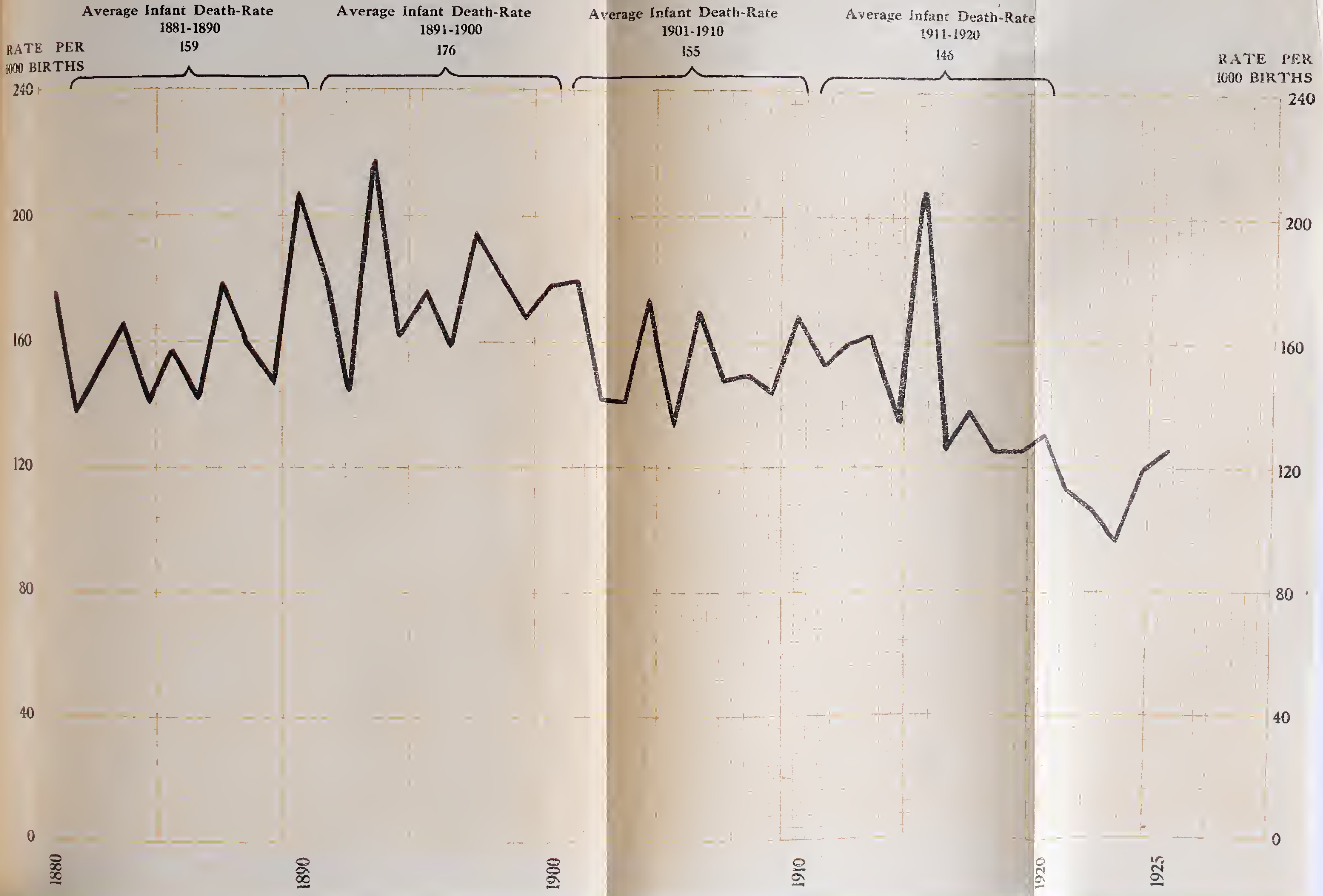


CITY OF DUNDEE

INFANT MORTALITY.

INFANT DEATHS (under 1 year) PER 1000 BIRTHS.

1880-1925

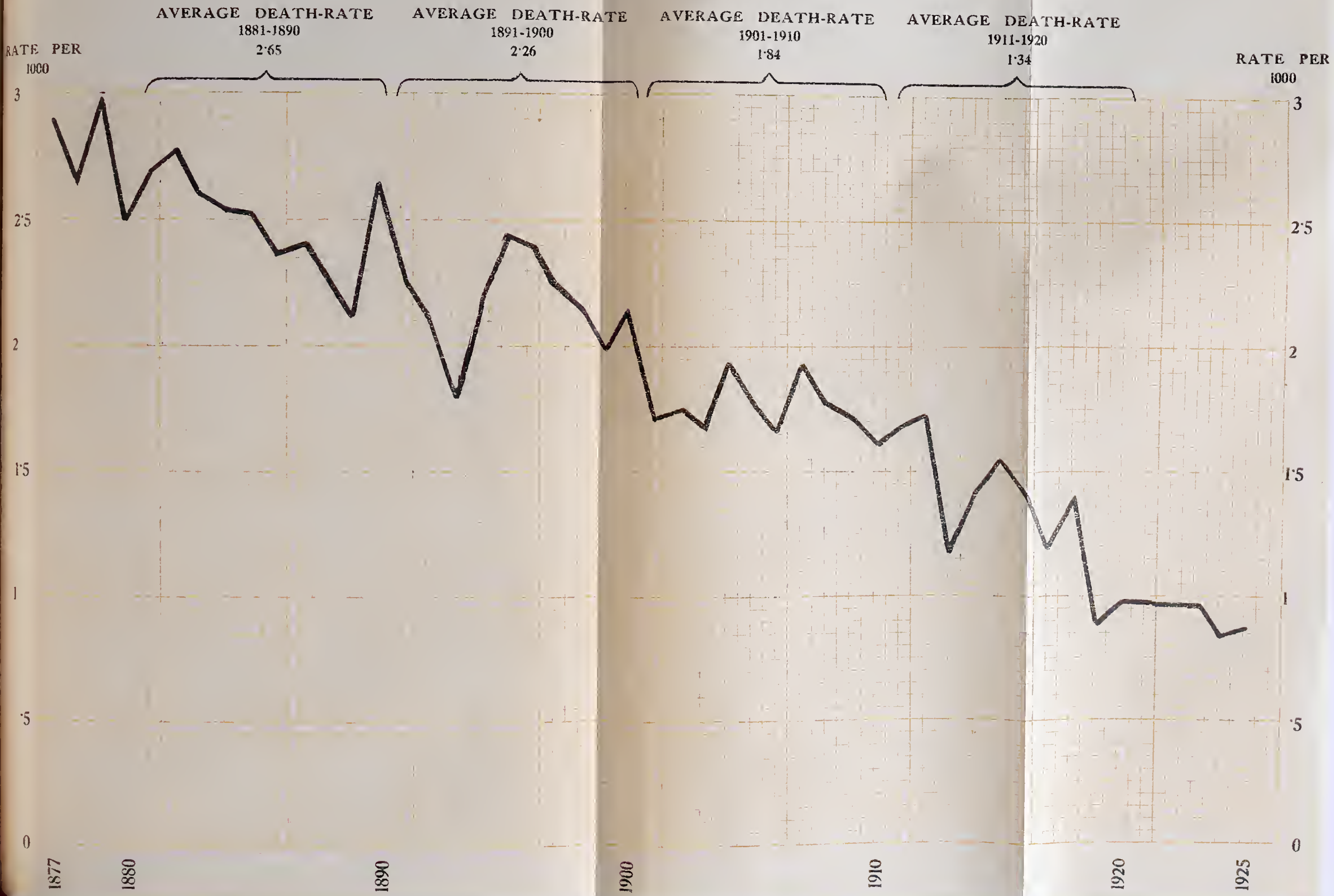


CITY OF DUNDEE

PULMONARY TUBERCULOSIS.

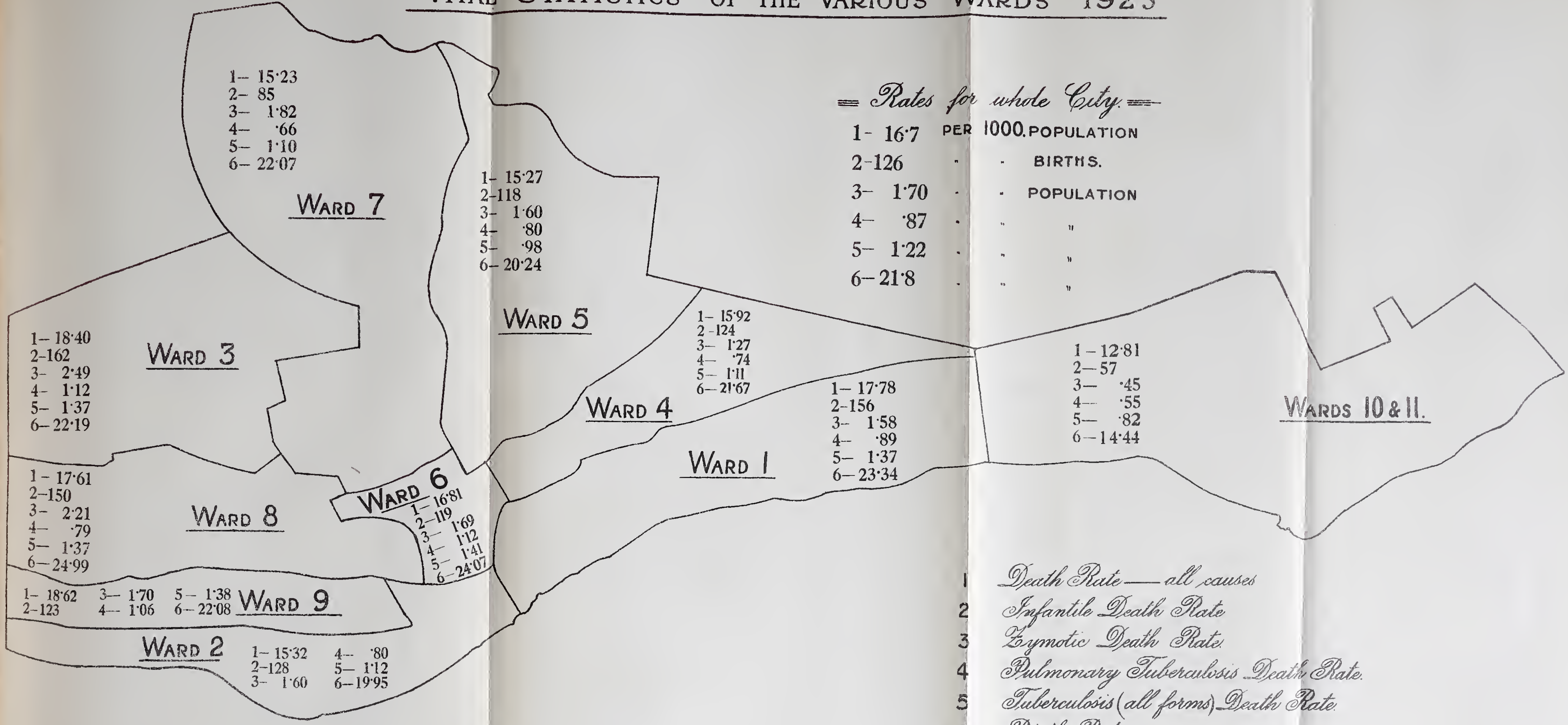
DEATH RATE per 1000 Population.

1877-1925



CITY OF DUNDEE

VITAL STATISTICS OF THE VARIOUS WARDS 1925



Rates for whole City.

1– 16·7 PER 1000. POPULATION
2–126 „ „ BIRTHS.
3– 1·70 „ „ POPULATION
4– ·87 „ „ „
5– 1·22 „ „ „
6–21·8 „ „ „

1 *Death Rate — all causes*
2 *Infantile Death Rate*
3 *Zymotic Death Rate*
4 *Pulmonary Tuberculosis Death Rate.*
5 *Tuberculosis (all forms) Death Rate.*
6 *Birth Rate*

Tuberculosis.

Dr. Hunter's Report.

During the year 1925 there has been no change in the Anti-Tuberculosis campaign, work having been carried out on the established lines with gratifying results.

The relations with the other Authorities concerned in the work, such as the Education Authority, Parish Council, Ministry of Pensions, Royal Infirmary, &c., have been cordial, and the co-operation well maintained.

To the staffs of the Dispensary, King's Cross Hospital, Ashludie Sanatorium and the other branches of the Public Health Department I here tender my appreciation of their helpful services, which have been of great value in the furtherance of our scheme.

It is with very great satisfaction I record that the proposals for the erection of a new Public Health Institute have been approved. Plans are now being prepared, and it is hoped that soon the actual building operations will be commenced. Accommodation is to be provided in this Institute to replace that at present in use at No. 1 Tally Street, as these premises have proved totally unsuitable to meet the ever-growing demands, and in these new premises the work, which is now carried on under great difficulty and inconvenience, will proceed with greater facility and the scope of our work greatly extended.

In the year 1925, 401 cases of tuberculosis were notified, 279 cases of pulmonary tuberculosis and 122 cases of non-pulmonary tuberculosis. Of these—

151 cases were discovered at the Dispensary.
140 cases were notified by private practitioners.
1 case was notified by school medical officer.
11 cases were notified from Eastern Hospital.
43 notifications came from the Royal Infirmary.
11 notifications came from the Convalescent Home.
6 notifications came from medical officers outside the city.
2 notifications came from the Infant Hospital, Broughty Ferry.
36 cases came under notice of the Department through the Registrar after death had taken place.

PULMONARY TUBERCULOSIS.

During the year 279 cases of pulmonary tuberculosis were notified. The ages and sex of these were as follows :—

Age.	Males.	Females.	Total.
Under 1 year ...	0	0	0
1- 5 years ...	8	5	13
5-15 „ ...	22	23	45
15-25 „ ...	29	48	77
25-45 „ ...	44	50	94
45-65 „ ...	18	23	41
65 years and upwards	2	7	9
Total ...	123	156	279

The following are the particulars as regards housing :—

No. of rooms.	No. of cases.	Total No. of Inmates.	No. of Inmates per room.
1	46	135	2.93
2	151	740	2.49
3	41	234	1.90
4 and upwards	23	137	1.48

7 cases lived in lodging-houses.
6 cases home conditions were satisfactory.
1 case lived in Eastern Hospital.
2 cases lived in the Salvation Army Home.
1 case lived in a nursing home.
1 case lived in hospital.

225 houses were disinfected on removal of patients and at time of death, as compared with 211 in 1924.

NON-PULMONARY TUBERCULOSIS.

During the year 122 cases of non-pulmonary tuberculosis were notified. The ages and sex of these were as follows :—

Age	Males.	Females.	Total.
Under 1 year ...	0	1	1
1-5 years ...	24	16	40
5-15 „ ...	17	13	30
15-25 „ ...	6	20	26
25-45 „ ...	8	8	16
45-65 „ ...	1	5	6
65 years and upwards	0	3	3
Total	56	66	122

The sites of the disease were as follows :—

Under 1 year	—Meningitis	1
1- 5 years	—Meningitis, 14; Abdomen, 9; Glands, 3; Joints, 2; Spine, 2; Other Forms, 10 ...	40
5-15 ,,	—Meningitis, 2; Abdomen, 5; Glands, 5; Joints, 9; Spine, 5; Other Forms, 4 ...	30
15-25 ,,	—Meningitis, 1; Abdomen, 9; Glands, 5; Joints, 3; Spine, 2; Other Forms, 6 ...	26
24-45 ,,	—Abdomen, 1; Glands, 3; Joints, 4; Spine, 1; Other Forms, 7	16
45-65 ,,	—Joints, 2; Spine, 1; Other Forms, 3 ...	6
65 years and upwards	—Other Forms, 3	3
		122

The following are the particulars as regards the housing of the non-pulmonary cases :—

No. of rooms.	No. of cases.	Total No. of Inmates.	No. of Inmates per room.
1	12	50	4.16
2	70	376	2.68
3	24	140	1.94
4 and upwards	8	56	1.75

5 cases, home conditions were satisfactory.
1 case lived in a nursing home.
1 cased lived in a convent.
1 case lived in an industrial school.

Again there is a slight decrease in the number of cases of tuberculosis notified during 1925, as compared with the number notified in 1924, and this reduction occurs in both forms, but to a greater extent in the non-pulmonary type. This decrease in notification numbers, though small, has been steady for a number of years, and it is very gratifying indeed, and gives good hope for the success of our campaign against this scourge.

TUBERCULOSIS DISPENSARY.

During the year 615 new cases were enrolled as compared with 721 in the year 1924. Of these, 155 were found to be suffering from distinct phthisis (68 males and 87 females). 151 were found not to have the disease. In 298 cases the signs were somewhat indefinite; but these cases were regarded as being in the pre-tuberculosis stage; 10 cases were found to be suffering from other forms of tuberculosis, and 1 was not examined.

There were 138 contacts examined, 13 were found to be suffering from pulmonary tuberculosis, and 2 were found to be suffering from non-pulmonary tuberculosis, 58 were suspicious and are being kept under observation, and the remaining 65 were found to be negative.

Of the 155 cases of definite phthisis, 69 were previously notified, and 86 were notified from the Dispensary for the first time.

The ages and sex of these were as follows :—

	Males.	Females.	Total.
1- 5 years	10	5	15
5-15 ,,	15	19	34
15-25 ,,	13	28	41
25-45 ,,	23	28	51
45-65 ,,	7	7	14
65 years and upwards	0	0	0
Total	68	87	155

The attendances at the Dispensary were as follows :—

	Insured.	Non-Insured.	Total.
January	794	850	1,644
February	845	896	1,741
March,	930	1,097	2,027
April	825	881	1,706
May	796	863	1,659
June	863	885	1,748
July	630	515	1,145
August	717	636	1,353
September	803	747	1,550
October	823	839	1,662
November,	803	880	1,683
December	772	720	1,492
Totals	9,601	9,809	19,410

There is an increase in the actual attendances at the Dispensary, though a reduction in the number of cases enrolled. This increase of attendances occurs amongst the non-insured cases—the children, and much benefit is derived from their supervision.

Unfortunately the examination of contacts shows a great decrease. This is a very important part of our problem, and a very difficult one to meet. Every facility is offered to the contacts, but very few avail themselves of them. These figures, however, are not absolute, as a considerable number of contacts present themselves for examination for minor ailments in the ordinary course of the clinics and are thus enrolled as new cases but in reality are contacts.

During the year the Council approved of the proposal to establish an artificial sun ray clinic. A portion of the waiting-room was partitioned off, and two carbon arc lamps installed. They are now in full working order, and much benefit is expected from their use. It is hoped that ere long similar installations will be established in our other Institutions, Ashludie Sanatorium and King's Cross Hospital.

LABORATORY WORK.

During the year 474 Specimens of Sputum were examined with the following results :—

	Positive.	Negative.
96 for General Practitioners ...	24	72
378 for Dispensary Patients ...	71	307

ASHLUDIE SANATORIUM.

During the year there were 125 cases admitted to this Institution. Of these 54 were males and 71 were females. 120 patients were discharged (52 males and 68 females). Average stay in Institution — 163 days.

The following show the result of the treatment of these cases :—

	Very much Improved.	Improved.	Slight Improvement.	No Change.
Males, ...	16	13	2	18
Females ...	22	29	4	12

3 males and 1 female died before discharge. 96 are still alive and 20 have died since discharge.

KING'S CROSS HOSPITAL.

During the year there were 140 cases admitted to this Institution. Of these 69 were males and 71 females. 64 patients died (28 males and 36 females) and 70 were discharged, many of these greatly improved.

The ages and sex of the fatal cases were:—

Age.		Male.	Female.
Under 1 year	...	0	0
1- 5 years	...	1	0
5-15 „	...	0	3
15-25 „	...	12	13
25-45 „	...	12	12
45-65 „	...	3	7
Over 65 „	...	0	1
Totals		28	36

The question of accommodation for the Non-Pulmonary cases is assuming alarming proportions, and I was very glad to note that a proposal is afoot to increase the present number of beds, by providing new pavilions at Ashludie Sanatorium. I agree with the proposal to provide all the accommodation at Ashludie as being sound from an economic and administrative point of view, but one must ever take the humane side of the question into consideration. The travelling expenses, the loss of time and work imposed on near relatives of those dangerously ill, and, in the event of a fatal issue. the greatly increased burial expenses, are considerations which, to my mind, should be thoroughly inquired into ere a definite proposal be settled.

SIDLAW SANATORIUM, AUCHTERHOUSE.

During the year there were altogether 31 cases from the City under treatment in this Institution. 17 of these were males and 14 were females. There were 29 cases discharged (14 males and 15 females). Average stay in Sanatorium—225 days.

The following table shows the result of this treatment in these cases:—

Improved.	Slight Improvement.	No Improvement
18	6	5

Full advantage has been taken of the beds in Sidlaw Sanatorium, which are of the greatest value and help materially to meet the needs of the school child. I visited this Institution on several occasions and satisfied myself that everything was done for the welfare of the children.

I would here record my highest appreciation of the courtesy and helpful services of the Visiting and Residential Staffs.

Child Welfare Scheme.

Dr Margaret Scott Dickson's Report

also Reports by
Dr. H. Gordon Campbell
Dr. Margaret Fairlie and
Dr. Annie A. Fulton.

MATERNITY AND CHILD WELFARE SCHEME.

The general scheme of the work of the Department has not been materially altered in 1925.

Home Visiting :—The Health Visitors have carried out the usual visits to the homes of the newly-born babies, and also all special visits required on account of illness.

The 2 extra Health Visitors who were appointed temporarily in Nov., 1924, to visit cases of measles, left in March, 1925, as the epidemic was by that time practically over.

In October, in accordance with the decision of the Town Council, the additional Health Visitor appointed by the Town Council commenced work. Her duty is to assist the mothers in carrying out treatment of children suffering from measles and whooping cough. When not fully occupied with such work she has been engaged in ordinary home visitation, more particularly of children between 1 and 5 years of age.

Clinics :—The six weekly sessions of the Ordinary Clinics have not been altered, each lasting 2½ hours, with 2 hours weekly for the attendance of mothers only ; and the Weighing Centre in Broughty Ferry has been open weekly, the Medical Officer attending once a month.

Special Clinics :—There has been no change in the Dental or Ante-Natal Clinics, which are held weekly, but, as Dr Andrewina Laird, who was in charge of the Special V.D. Clinic, left Dundee in April, the Clinic has been carried on since then by Dr Annie Fulton, her successor in the Women's Department of the Municipal V.D. Scheme.

The Reports by the Special Medical Officers of these Clinics are appended.

DAY NURSERIES :—The 4 Day Nurseries have been open during all the Factory working days, but, owing partly to the epidemic of measles and partly to the fact that work in some of the Factories was very irregular for part of the year, the attendances have numbered only 19,531, as compared with 21,679 in 1924, and the receipts are correspondingly lowered, being £717 6/, as against £829 15/5 in 1924.

The charge made has been 4/- per week of 5 days for each child, with an extra charge of 6d for Saturdays, and a slight reduction when more than one member of the same family attend simultaneously.

GENERAL REMARKS :—The attendances at the Clinics have remained practically the same, but, had it not been for the epidemic of measles in the early part of the year, they would undoubtedly have greatly exceeded those of former years, as the total attendances for the second 6 months of the year show an increase of 1386 over those of the same period of 1924. There has been a marked increase in the attendances at Broughty Ferry.

SPECIAL NOTES ON THE INCIDENCE OF RICKETS :—Only 8 cases of Rickets were observed in babies under 1 year on their admission to the Clinics, all of which were slight.

Of the 183 children admitted between the ages of 1 and 5 years 76 (41.5%) showed some definite clinical signs of the disease.

The majority of the cases noted (41) occurred in children between 1 and 2 years of age.

At the request of the Scottish Board of Health a special enquiry into the prevalence of Rickets was made at the end of the year.

25 unselected children were examined in the Day Nurseries, Clinics, and in the Dundee Nursery School, and the results of the enquiry were tabulated and sent to the Board.

REPORT OF CASES ADMITTED TO THE CLINICS.

ATTENDANCES.

CLINIC.	Babies.		Children 1 to 5 Years.			Mothers.				Total.	Total for 1924.
						V.1.		V.2.			
	V.1.	V.2.	V.1.	V.2.	V.3.	A.N.	P.N.	A.N.	P.N.		
Victoria Road -	281	2300	50	399	1308	1	11	0	41	4391	4176
Lochee - -	132	1009	35	413	988	...	7	...	14	2598	2926
Caldrum Street -	111	1079	20	160	693	...	5	1	13	2082	2024
Princes Street -	119	980	24	209	808	1	12	...	11	2164	2264
Blackness Road	199	1743	54	370	1360	1	5	2	10	3744	3536
Broughty Ferry	31	546	1	...	344	2	4	...	...	928	749
Dental Clinic -	1	1	27	13	...	7	23	13	80	165	144
Anti-Natal Clinic	...	...	..	...	...	158	47	181	43	429	428
V.D. Clinic -	28	62	8	29	5	6	28	44	333	543	962
	902	7720	219	1593	5506	176	142	241	545	17044	17209
Relief Cases—1st Visits 269; Revisits, 518.							Total -			787	21
										17831	17230

CASES ADMITTED TO HOSPITAL FROM THE CLINIC

Hospital.	Babies.	Children 1-5 Years.	Total.
Infant Hospital - - - -	74	27	101
Dundee Royal Infirmary - -	0	3	3
King's Cross Hospital - - -	0	1	1

	Babies.	Children	Mothers	Total
Died -	86	76	1	163
Left Town	2	14	0	16

Statistics as to weight of babies on admission to the 5 principal Centres with reference to feeding :—

	Av. (1)	– (2)	+ (3)	Not Weighed.	TOTAL.
Breast-fed	41 7·7%	126 23·9%	354 67·3%	5 ·9%	526
Partly breast-fed (for few months)	2 6·6%	17 56·6%	11 36·6%	0 ...	30
Mixed feeding	6 9%	31 47%	29 44%	0 ...	66
Fresh Cow's milk	8 5·4%	97 66%	40 27·2%	2 1·3%	147
Dried milk or artificial food	4 5·4%	47 64·3%	22 30·1%	0 ..	73
	61 7·2%	318 37.7%	456 54·1%	7 ·8%	842

(1) Av. = Average weight for age. (2) – = Under average weight for age (3) + = Over average weight for age.

Health of Babies on Admission :—29 babies (3.4%) showed no disease or defect. The remaining 813 showed a total of 2450 diseases or defects classified as follows :—

Diseases of digestive system		1,200
Diseases of respiratory system		305
Diseases of nervous system		1
Diseases of nutrition :—		
(1) Rickets	8	
(2) Marasmus	9	
(3) Anæmia	2	
(4) Congenital syphillis	6	
	—	25
Diseases of the skin		279
Diseases of the eye		50
Diseases of the ear, nose, and throat		8
Surgical diseases		22
Infectious diseases (whooping cough)		1
Congenital defects		536
Various		23
		2,450

Statistics showing relation of feeding to special diseases of nutrition :—

	Not Exam.	No Disease.	Rickets.	Marasmus.	Anæmia.	Digestive Diseases.	Other Diseases	Total.
Breast Fed	0 ...	20 3·8%	2 ·3%	2 ·3%	1 ·1%	420 80%	81 15·4%	526
Partly Bt. Fed (for few months)	0 ...	0 ...	0 ...	0 ...	0 ...	24 80%	6 20%	30
Mixed Feeding	0 ...	4 6%	0 ...	0 ...	0 ...	54 81·8%	8 12·1%	66
Fresh Cow's Milk	0 ...	4 2·7%	5 3·4%	6 4%	0 ...	115 78·2%	17 11·5%	147
Dried Milk or Artificial Food	0 ...	1 1·3%	1 1·3%	1 1·3%	1 1·3%	57 78%	12 16·4%	73
Totals	0	29 3·4%	8 ·9%	9 1%	2 ·2%	670 79·5%	124 14.7%	842

Children 1-5 Years.

80 Males and 103 Females were admitted, of which 7 Females showed no disease or defect.

The 80 Males showed 245, and the remaining 96 Females showed 211 diseases or defects, classified as follows :—

	Male.	Female.	TOTAL.
Diseases of digestive system ...	17	20	37
Diseases of respiratory system ...	41	52	93
Diseases of nervous system ...	5	4	9
Diseases of nutrition :—			
Rickets	39	37	76
Marasmus	6	5	11
Anæmia	3	1	4
Debility	5	10	15
Diseases of the skin	23	21	44
Diseases of the eye	5	8	13
Diseases of the ear, nose and throat :—			
Adenoids	13	9	22
Enlarged tonsils	11	6	17
Various	10	5	15
Surgical diseases	20	15	35
Infectious diseases :—			
Whooping cough	0	2	2
Chickenpox	1	0	1
Mumps	1	1	2
T.B. peritonitis	2	0	2
Congenital defects	37	10	47
Intestinal parasites	1	1	2
Advanced dental caries	2	1	3
Various	3	3	6
	245	211	456

Consultations for Mothers :—

ANALYSIS OF CASES.

1. **Ante-Natal**	3	
Albuminuria		1
Furunculosis		1
Headache		1
2. **Post-Natal**	38	
Menorrhagia		1
Leucorrhoea		1
Ovaritis		1
Anæmia		4
Debility		9
Constipation		2
Bronchial catarrh		2
Phthisis pulmonalis		1
Neuralgia		1
Subacute rheumatism		1
Burns		2
Mastitis		7
Cracked nipples		2
Eczema of nipple		1
Eczema (face)		2
Impetigo		1

All the cases received treatment at the Clinics.

ATTENDANCES AT DAY NURSERIES.

Day Nursery.	Re-admitted from 1924.			New Cases Admitted.			Total Attendances.			Average Daily Attendance.			No. of days open.
	*Babies	‡Toddlers	Total.	*Babies	‡Toddlers	Total.	*Babies	‡Toddlers	Total.	Babies	‡Toddlers	Total.	
St George's	0	5	5	55	39	94	2556	3151	5707	9	11	20	290
Hillbank	5	19	24	32	36	68	1485	3861	5346	5	13	18	290
Isles' Lane	6	9	15	16	12	28	1647	2186	3833	6	7	13	290
Lilybank	3	9	12	30	18	48	1839	2626	4465	6	9	15	290
	14	42	56	133	105	238	6527	11824	19351	26	41	67	290

* Under 2 years. ‡ 2-5 years.

PROVISION OF FREE FOOD FOR NECESSITOUS CASES.

	Sold at Cost Price.	Given Free.				Number of Orders Given.		Total Amount Given.	
		New Cases.		Old Cases.					
		*C.	*R.C.	C.	R.C.	C.	R.C.	C.	R.C.
Dairy Milk -	...	61	182	60	16	719	446	37,709 pts.	20,377
Dried Milk—									
Almata - -	6	1	0	C	0	2	0	2	0
Allen & Hanbury's	14	1	0	0	0	1	0	1	0
Benger's - -	0	1	0	1	0	4	0	7	0
Glaxo - -	1183	7	1	1	35	...	1	95	4
Glaxo Prescp. -	48	5	...	...		...	...	9	...
Horlicks Malted Milk - -	0	...	...	...		...	...	39	...
Other Foods—									
Virol - -	788	8	...	...	.	20	...	69	...
Virolax -	109	4	...	...	..	5	...	3	
Dinners -		5	25	11	4	55	79	1,311	1,630

*C.—Given on medical grounds only to necessitous mothers and children attending the clinics regularly.

*R.C.—Granted by Relief Committee to mothers unable to attend clinics and given on account of necessitous circumstances only.

TOTAL COST OF FOOD SUPPLIED FREE.

	£	s.	d.
Dinners -	£110	5	9
Milk - -	791	15	4
Other Foods -	18	15	2
	£920	16	3

AMOUNT RECEIVED FOR DRIED MILK, ETC., SOLD AT THE CLINICS AT COST PRICE.

	£	s.	d.
Glaxo - -	£93	2	11
Prescp. Glaxo -	4	16	6
Almata - -	0	9	0
Allen & Hanbury's	2	4	9
Virol - -	43	19	8
	£144	12	10

SCHOOL FOR MOTHERS.

On account of the epidemic of measles at the beginning of the year, and also because many of the mothers have been working at intervals, Sewing Classes were held at 3 of the Clinics only.

The Department has again been indebted to Miss Batting for the use of the Clubroom at Grey Lodge for the Princes St. Class, and takes this opportunity of thanking her for her kindness.

The report of the work done is as follows:—

Total number of classes held	71
Duration of each class	2 hours
Average attendance	40
Approximate number of garments made ...	291

SOCIAL WORK.

As in former years, the garments sold or distributed to the children attending the Clinics and the Day Nurseries were provided by the members of the Dundee Voluntary Health Workers' Association, which also supplied Visitors to the Day Nurseries and Voluntary Clerks for the Clinics.

The Department once more thanks these ladies for their services, and for the unwearying interest they take in work which must at times prove somewhat trying.

During the year 272 sewed and 450 knitted garments were made for the Clinics, and 293 garments were supplied to the Day Nurseries.

The garments distributed at the Clinics numbered 781. Of these :—

270 were sold at cost price.
209 were sold at one-half cost price.
182 were sold at one-quarter cost price.
120 were given free to necessitous cases.
———
781

Particulars of Births Notified and Registered in Dundee during 1925.

Number of Births taken from Registrars' Weekly Returns (includes transfers out and also transfers in)	3,780
Less: Number transferred into Dundee	23
1. **Number of Live Births occurring in Dundee** ...	3,757
Number of Stillbirths	173
2. Total number of births occurring in Dundee ...	3,930
3. Number of Births notified in accordance with the Act—i.e. 93.9% of total number of births (3,930) ...	3,691
4. Number of live births notified—i.e. 93.6% of live births (3,757)	3,518

Classification of Notifications.

By whom notified.	Notified.	Unnotified.	Total.	Total cases attended.	Percentage of total births.
Doctors ...	545	200	745	1,105	28.1%
Dr. and Midwife	64	0	64	114	2.9%
Midwives ...	1,478	2	1,480	1,439	36.6%
Maternity Hosp.—					
(I.P.) ...	1,223	29	1,252	1,257	31.9%
(O.P.) ...					
E.P. Hospital ...	7	8	15	15	0.3%
Handywomen ...	1	—	1	—	—
Parents ...	198	—	198	—	—
Other sources ...	175	—	175	—	—
Born out of town	—	23	23	—	—
Concealed preg.	—	1	1	1	—
	3,691	263	3,954	3,931	

OPHTHALMIA NEONATORUM.

	Doctors.	Mid-wives.	Maternity Hospital.		Handy Women.	Dr. and Midwife.	C.W. Dept.	Eye Inst.	E. P. Hospital.	Concealed Pregnancy	Total.
			In Pat.	Out-Pat.							
By whom notified	15	18	7	13	0	6	8	2	0	0	69
By whom attended	10	32	8	16	0	2	0	0	1	0	69
Total No of Births attended in 1925	1105	1439	1257		0	114	0	0	15	1	3931

Admitted to Hospital.	Treated at Home.	Not Visited.	Type of Case.		Result.				Home Visits Paid by Health Visitors.	
			Severe	Mild.	Complete Recovery	Injury to Eyes.	Died during Treatment.	Left Town during Treatment	Initial Visits.	Re-visits.
9	58	1	12	57	67	0	1	1	68	633
1 Read							almost normal			

12 Cases of the severe type were attended at Birth as follows :—

1 Doctors.
1 Doctor and Midwife.
6 Midwives.
3 Maternity Ward.
1 East Poorhouse Hospital.

9 Cases of the severe type were admitted to Hospital.

8 were admitted to King's Cross Hospital.
1 of these cases was re-admitted weeks afterwards.
1 case was admitted to Dundee Royal Infirmary.

1 Case left town during treatment. (Eyes almost normal.)

M.O.H. of District notified.

1 Case died during treatment. (Eyes almost normal.

1 Case Purulent Conjunctivitis Notified.
18 visits paid.

PUERPERAL DEATHS.

Deaths of Women from diseases and accidents connected with pregnancy and Childbirth.

There were 28 deaths of Women under this heading:—

Puerperal Sepsis	4
Puerperal Albuminuria and Puerperal Sepsis	1
Puerperal Peritonitis following parturition Cardiac Failure	1
Chronic Cystitis, Asthenia (Post Confinement) Bronchitis, Hypostatic Pneumonia	1
Pyelo Nephritis	1
Lobar Pneumonia	1
Cardiac Failure after Parturition (6 hours) Advanced Phthisis	1
Scarlet Fever	1
Pulmonary Embolism following Parturition	1
Embolism after Confinement	1
Acute Lobar Pneumonia (after an Abnormal Confinement)	1
Puerperium (16 days) Heart Failure (4 days)	1
Puerperal Hæmorrhage	1
Paralytic ileus after Ceasarian Section	1
Placenta Prævia with Hæmorrhage	2
Contracted Pelvis, Severe Parturition, Collapse, Shock, Malposition Heart	1

Died during Pregnancy.

Eclampsia—not in Labour (8 months)	1
Aortic Incompetence	1
Toxæmia of Pregnancy	1
Hyperemesis Gravidarum	2
Fatty Degeneration (Cardiac Failure)	1
Mitral Stenosis (Sudden Cardiac Failure)	1
Septicæmia following operation after incomplete abortion	1

PUERPERAL SEPSIS.

27 Cases of Puerperal Sepsis came under the notice of the Maternity and Child Welfare Department.

6 Died.
21 Recovered.

PUERPERAL SEPSIS—27 CASES.

Attendant at Birth.	Total No. of births attended in 1925.	Notified.	Un-notified.	Primiparae.	Multiparae.	Admitted to Hospital.	Admitted to Nursing Home	Nursed at Home.	Recovered.	Died.	Total.
Maternity Hospital											
Inpatient	1257	4	0	4	0	4	0	0	3	1	4
Outpatient		0	...	0	...	0	0	0	0	..	0
Doctors	1105	3	1	3	1	2	1	1	2	2	4
Doctor and Midwife	114	8	1	2	7	4	0	5	7	2	9
Midwives	1439	8	...	2	6	8	0	0	7	1	8
Handy-women	0	...	...	...	...	...	0	...	...	...	0
East Poorhouse Hospital	15	...	...	...	...	...	0	...	...	...	0
Concealed Pregnancy	1	...	...	...	...	...	0	...	...	...	0
	0	2	0	2	0	2	0	...	2	...	2
Total	3931	25	2	13	14	20	1	6	21	6	27

PARTICULARS OF CASES.

	Died.	Recovered.	Total.
Normal Labour	2	7	9
Instrumental Delivery	0	4	4
Ruptured Perineum	0	2	2
Vaginal Lacerations	0	1	1
Retained Membrane	0	1	1
Puerperal Albuminuria	1	0	1
Incomplete Abortion	1	0	1
Adherent Placenta Post Partum Hæmorrhage	0	1	1
Instrumental Delivery with Ruptured Perineum	1	2	3
Abnormal Presentation. Instrumental Delivery	0	2	2
Instrumental Delivery. Rupt. Perineum. Post Partum Hæmorrhage	0	1	1
Abnormal Presentation. Instrumental Delivery, Lacerations of Perineum, Adherent Placenta ...	1	0	1

	RECOVERED.		DIED.	
	Multip.	Primip.	Multip.	Primip.
Where Delivered:—				
Home	10	8	4	0
Maternity Ward...	0	3	0	1
Nursing Home ...	0	0	0	1
Where Treated:—				
Home	4	1	0	0
Maternity Ward...	6	10	4	1
Nursing Home ...	0	0	0	1
Home Conditions:—				
Good	8	10	3	2
Bad	2	1	1	0

INFANT DEATH STATISTICS, 1925.

291 Deaths occurred in children over one year and under 5 years. 469 Deaths occurred in children under one year, distributed as follows:—

1st week.	2nd week.	3rd week.	4th week.	1-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Total
95	22	20	28	77	99	63	65	469

Of those 162 were breast fed.
183 were artificial fed.
36 were partly breast fed (mixed feeding).

In 53 cases infant feeding was not commenced due to prematurity.
34 cases not visited.
1 case no particulars were available.

Regarding feeding, the ages at which those infants died were as follows:—

	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9-12 Months	Total	Feeding not commenced	N.V.	N.P.
Breast ...	58	29	10	14	7	4	8	7	25	162	53	34	1
Mixed ...	3	1	6	5	6	3	1	1	10	36	...	...	...
Artificial ...	35	17	8	22	19	17	12	13	40	183	..	...	...
Total	96	47	24	41	32	24	21	21	75	381	53	34	1

HOUSING.

Of the 434 deaths in which particulars were obtained.

143 occurred in houses of one room, in which there were 502 occupants.
254 occurred in houses of two rooms in which there were 1,357 occupants.
28 occurred in houses of three rooms in which there were 168 occupants.
7 occurred in houses of four rooms in which there were 54 occupants.
2 occurred in lodging houses or institutions.

FAMILY HISTORY.

The family history showed that in these families 948 children were still alive, but 727 had died, and of these no fewer than 624 had died in the first year of life.

In the 434 cases in which particulars were obtained 214 mothers were engaged in work outside their own homes.

220 were not thus engaged.

In 29 cases the mother left work one week or under before confinement.
In 11 cases the mother left work two weeks before confinement.
In 9 cases the mother left work three weeks before confinement.
In 3 cases the mother left work four weeks before confinement.
33 children died who were illegitimate.
58 children died who were twin births.
107 deaths were due to prematurity.

DEATHS FROM DIARRHŒA.

Special Inquiry into deaths due to Diarrhoea.

43 deaths occurred from diarrhœa during 1925.
18 were breast fed.
12 were partly breast fed (mixed feeding).
23 were artificially fed.

	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9-12 Months	Total	N.V.	N.P.
Breast ...	2	1	0	1	2	1	0	0	1	8	...	...
Mixed	1	1	1	3	2	3	0	0	1	12	...	...
Artificial ...	2	1	0	3	4	2	2	2	7	23	...	...
Total ...	5	3	1	7	8	6	2	2	9	43	...	...

FAMILY HISTORY.

The family history showed that in these families 100 were still alive.

75 had died and no fewer than 65 had died in the first year of life.
19 mothers had worked during pregnancy.
24 mothers were not engaged in outside employment.

HOUSING.

Of the 43 deaths from Diarrhoea in which particulars were obtained.

15 occurred in houses of one room in which there were 60 occupants.
26 occurred in houses of two rooms in which there were 141 occupants.
1 occurred in house of three rooms in which there were 7 occupants.
0 occurred in houses of four rooms in which there were 0 occupants.
1 occurred in lodging-houses or institutions.

HEALTH VISITORS' WORK.

Total number of Homes Visited, 29,365.

(*a*) ORDINARY—

Babies.	Children.	MOTHERS. A.N.	MOTHERS. P.N.
14,204	10,824	26	52

(*b*) INFECTIOUS DISEASES.

Ophthalmia Neonatoram	Purulent Conjunctivitis	MEASLES.		WHOOPING COUGH.		CHICKEN POX.		MUMPS.		Puerperal Sepsis
		Babies	Children	Babies	Children	Babies	Children	Babies	Children	
701	18	223	2528	95	637	13	22	0	7	15

Total number of cases visited, 36,964.

(*a*) ORDINARY—

	Initial Visits.	Re-Visits.	Total.
Babies	3,537 (46 twin b'ths)	11,123	14,660
Children (1-5 years)	18	17,418	17,436
Mothers—A.N. ...	18	12	30
P.N. ...	29	27	56
	3,602	28,580	32,182

(*b*) INFECTIOUS DISEASES.

	Initial Visits.	Re-Visits.	Total.	
Measles—				
Under 1 year ...	67	161	228	
Under 5 years ...	595	1,274	1,869	
Over 5 years ...	192	625	817	
				2,914
Whooping Cough—				
Under 1 year ...	94	53	147	
Under 5 years ...	443	243	686	
Over 5 years ...	156	71	227	
				1,060
Chicken Pox—				
Under 1 year ...	9	7	16	
Under 5 years ...	22	14	36	
Over 5 years ...	9	2	11	
				63
Mumps—				
Over 5 years ...	7	4	11	11
Ophthalmia Neonatorum	68	633	701	701
Notified Purulent Conjunctivitis ...	1	17	18	18
Puerperal Sepsis ...	13	2	15	15

Of the 3537 Infants visited for the first time,
195 were Premature, and
3,342 were Full-time Births.

HOUSING.

Of the 3491 Homes of the newly born visited for the first time the home conditions were as follows :—

278	Very Good.
1,860	Good.
1,197	Medium.
156	Bad.

Information regarding Feeding of 3537 Infants visited for the first time :—

(a)	Breast Fed	2,907
(b)	Partly Breast Fed	75
(c)	Artificially Fed	307
(d)	Stillborn	153
(e)	Dead at 1st visit	95

Special informaion as to the feeding of Infants for the first 6 months of life was obtained in 2412 cases, the particulars of which are as follows :—

(a)	Breast Fed	1,223
(b)	Partly Breast Fed	396
(c)	Artificially Fed	793

DEATHS FROM INFECTIOUS DISEASE.

	Under 1 year.	1-5 years.	Over 5 years.
Measles ...	16	62	2
Whooping Cough	30	25	0

DUNDEE—1925.

BIRTHS IN AREA OR DISTRICT.

Total No. of Births during 1925.	Total No. of Deaths of New-Born Children (within 10 days) during 1925.	Actual No. of Births Attended by Midwives during 1925.	Actual No. of Deaths of New-Born Children (within 10 days) occurring in the Practice of Midwives during 1925.	Actual No. of Cases not Attended by a Doctor or Midwife during 1925.	
				Births.	Deaths.
3931	110	1439	35	1	1

CASES OF OPHTHALMIA NEONATORUM.

Total No. of Cases during 1925.	Actual No. of Cases occurring in the Practice of Midwives during 1925.	Actual No. of Cases occurring where Confinement not attended by a Doctor or midwife during 1925.
69	32	0

CASES OF PUERPERAL SEPSIS.

Total No. of Cases during 1925.	Total No. of Deaths during 1925.	Actual No. of Cases and Deaths occurring in the Practice of Midwives during 1925		Actual No. of Cases and Deaths occurring where Confinement not attended by a Doctor or Midwife during 1925.	
		Cases.	Deaths.	Cases.	Deaths.
27	6	9	1	0	0

CASES OF STILL-BIRTH (DEAD-BORN).

Total No. of Cases during 1925.	Actual No. of Cases occurring in the Practice of Midwives during 1925.
173	29

CASES OF EMERGENCY.

The Total No. of Cases of Emergency in which Medical Practitioners have been called in under Sect. 22 of the Act during 1925, distinguishing the different classes of emergency.

Ante-natal.	Labour.	Post-natal.	Infant.
103	207	58	132

MIDWIVES (SCOTLAND) ACT, 1915.

The following is a list of Midwives who, during January, 1926, intimated their intention to Practice Midwifery in the City of Dundee :—

	NAME and ADDRESS.	C.M.B. Reg. No.	REMARKS.
1.	Anderson, Mrs Isabella—4 Ferguson Street ...	2,863	Trained.
2.	Angus, Mrs Clementina—96 King St., B. F. ...	3,057	Bona fide.
3.	Arnott, Miss Jean—36 Dundonald Street ...	1,182	Bona fide.
4.	Bowman, Mrs Jessie—10 Hilltown ...	4,958	Trained.
5.	Cartmill, Mrs Ann—11 Gardner Street ...	3,373	Bona fide.
6.	Clark, Mrs Alexandrina—287 Hilltown ...	400	Bona fide.
7.	Cunningham, Mrs Margaret—249 Hilltown ...	537	Bona fide.
8.	Dobson, Mrs Rachel H.—6 Glamis Drive ...	4,423	Trained.
9.	Gowans, Miss Eliza—2 Erskine Street ...	5,925	Trained.
10.	Gouk, Miss Margaret—10 Tofthill	6,221	Trained.
11.	Gunn, Mrs Sarah—78 Peddie Street	5,404	Trained.
12.	King, Mrs Ellen—4 Millers Wynd	755	Trained.
13.	Low, Mrs Helen—2 Elizabeth Street ...	5,186	Trained.
14.	Lowe, Mrs Jane R.—2 Brown Street	432	Trained.
15.	Masson, Mrs Jane—2 Tayview B'ldings., B.F.	3,122	Bona fide.
16.	M'Donald, Mrs Helen—31 Brook Street ...	410	Trained.
17.	Ramsay, Mrs Ann C.—4 Ogilvie's Road ...	733	Trained.
18.	Rickard, Mrs Helen—37 Step Row	6,453	Trained.
19.	Scott, Mrs Isabella—40 Perth Road ...	1,850	Bona fide.
20.	Smith, Mrs Jamesina—73 Church Street ...	1,553	Bona fide.
21.	Stewart, Miss Annie A.—26 Union Place ...	5,171	Trained.
22.	Thomas, Miss Flora B.—Salvation Army Home, 93 Magdalen Yard Rd.	4,688	Trained.
23.	Tulloch, Mrs Isabella M.—179a Blackness Rd.	6,231	Trained.
24.	Wallace, Mrs Elizabeth—7 Kinnaird Street ...	2,279	Trained.
25.	Webster, Mrs Elizabeth—48 Blackscroft ...	411	Bona fide.

ANNUAL REPORT.

In January, 1925, 23 Midwives notified their intention to Practice Midwifery in Dundee.

During the year :—

1 Midwife left town.

3 Midwives notified their intention to take up practice in town (1 in the Western District, 1 in the Northern District and 1 in Lochee District).

1 Midwife notified her intention to practice as a Midwife, but stated later she did not intend to do so.

This leaves on the Local Roll of Midwives at the end of December, 1925, 25 names, 21 of these 25 are actually practising as Midwives.

These Midwives attended a total of 1439 births, that is, 36.6% of the total births (including still births) occurring in the city during the year.

The extent of the individual practice of a Midwife varies, one Midwife having 189 cases, while another only attended 2 cases. The average to each Midwife in practice is 68 cases.

112 visits were paid by the Inspector of Midwives and her Assistant to the Midwives' homes, and 5 visits were paid to cases attended by Midwives.

4 Lectures were given to Midwives on Special subjects connected with their work.

HANDYWOMEN.

3 Cases of Births reported as attended by Handywomen only were investigated. The circumstances were as follows :—

2 were of the nature of an emergency.

In the 3rd case the Handywoman failed to send for the Doctor on her arrival at the case. This Handywoman was interviewed, and a copy of the excerpt of Section 1 sub-section 2 of the Midwives' Act was given to her.

Notifications have been received from Midwives as follows :—

(1) Application for Medical Assistance—Mother	...	368
Infant	...	132
(2) Notification of Death—Mother	... ...	2
Infant	... ...	7
(3) Notification of Stillbirth	... ...	29
(4) Notification of Laying out of a Dead Body	...	1
(5) Notification of Liability to be a Source of Infection	... ...	15
(6) Notification of Artificial Feeding	... ...	0

Classification of applicaion for Medical Assistance.

Ante-natal 103 Cases.

Excessive Sickness	1
Albuminuria	13
Abortion	11
Threatened Abortion	4
Abdominal pain	1
Pain in side	7
Primiparae (for examination	4
Vaginal Discharge	4
Hæmorrhage	3
Varicose Veins	6
Headache	4
Cloudy Urine	7
Prolapse	1
Severe pain	2
Rep. Miscarriage and Premature Births	4
Temp. and severe abdominal pains 9 m'ths. (not in Labour)	1
Unclassified (feeling ill)	30
	103

Labour 207 Cases.

Prolonged Labour	89
Ruptured Perineum	59
Abnormal Presentation	21
Adherent Placenta	7
Hæmorrhages—	
1. Ante Partum	5
2. Post Partum	10
Placenta Prævia	5
Funis Presentation	4
Premature Labour	1
Sores on Genitals	1
Hæmatoma (Vulva)	1
Oedema	1
Collapse	3
	207

Post-natal 58 Cases.

High Temperature	15
Severe Cough (pain in side)	3
Weakness	3
Headache	2
Abdominal pain	6
Pain in back	2
Pain in leg	7
Fœtid Discharge	2
Ulcerated Varicose Veins	1
Mastitis with Cracked Nipples	4
Swollen Glands	1
Pain in side	5
Varicose Veins	1
Rash	2
Feeling ill	2
Pain in shoulder	1
Sore throat	1
	58

Infant 132 Cases.

Premature or feeble Infant	39
Discharging eyes	23
Icterus Neonatorum	7
Tongue tie	4
Cyanosis	4
Sudden death	2
Malæna	1
Phimosis	1
Rash	1
Rash (C.S.)	1
Convulsions	2
Retention of Urine	2
Congenital Malformations (various)	13
Excoriation Scrotum	1
Abdominal Swelling	1
Unclassified	7
Stillbirths	23
	132

MIDWIVES.

There was no serious case of neglect during the year.

One Midwife had to be reminded to send in Medical Aid Form, and another to be more particular in filling in her charts at time of visit.

SUSPENSIONS.

During the year 1 Midwife was suspended for 2 days owing to a case of suspected Scarlet Fever occurring in her own home. The formal notice required was given to the Midwife, and the Central Midwives' Board was notified accordingly.

PUERPERAL DEATHS.

During 1925 an enquiry was made into 20 deaths of Women occurring at Childbirth or within 28 days after. Of these :—

1 was attended by Midwife.
8 were attended by Maternity Ward D.R.I. (3 rural cases).
1 in Dundee Royal Infirmary (Medical Ward).
4 were attended by Doctor and Midwife.
5 were attended by Doctors.
1 was attended in Nursing Home.

8 Women Died during Pregnancy :—

3 after Abortion (3 months).
2 in Labour (undelivered).
3 not in Labour (undelivered).

Of these :—

- 3 Abortions—
  - 2 in Nursing Home (1 rural case).
  - 1 Maternity In-Patient (1 rural).
- 2 in Labour (undelivered)—
  - 1 Doctor.
  - 1 Doctor and Midwife.
- 3 not in Labour—
  - 1 Maternity In-Patient.
  - 1 Doctor.
  - 1 Nursing Home (1 rural case).

CLASSIFICATION OF THE NOTIFIED CAUSES OF DEATH.

A. Causes of Death not connected with Pregnancy—7 Cases.

Chronic Cystitis, Asthenia, Bronchitis, Hypostatic Pneumonia	1
Pyelo Nephritis	1
Lobar Pneumonia	1
Cardiac Failure (after Parturition) Advanced Phthisis	1
Scarlet Fever	1
Acute Lobar Pneumonia	1
Puerperium (16 days) Cardiac Failure (4 days) ...	1

B. Causes of Death due to emergencies of Parturition—9 Cases.

Puerperal Sepsis	4
Placenta Prævia with Hæmorrhage	2
Puerperal Albuminuria and Puerperal Sepsis	1
Puerperal Hæmorrhage	1
Contracted Pelvis, Severe Parturition Collapse, Shock, Malposition Heart	1

C. Causes of Death indirectly connected with parturition—4 Cases.

Pulmonary Embolism	1
Embolism after Confinement	1
Puerperal Peritonitis following Parturition, Cardiac Failure	1
Paralytic Ileus after Cæsarian Section	1

D. Causes of Death of Women who died during Pregnancy—8 Cases.

Hyperemesis Gravidarum	2
Eclampsia	1
Toxæmia of Pregnancy	1
Septicæmia following operation for Incomplete Abortion	1
Aortic Incompetence	1
Fatty Degeneration Cardiac Failure	1
Mitral Stenosis (Sudden Cardiac Failure)	1

Particulars of Death due to Puerperal Sepsis. —6 Cases.

1 attended by Maternity Ward (In-Patient).
1 attended by Midwife.
1 attended by Doctor.
2 attended by Doctor and Midwife.
1 attended by Nursing Home.

SPECIAL PARTICULARS.

Instrumental Delivery, Ruptured Perineum, Retained Placenta, Phlegmasia Alba Dolens, Cardiac Failure	1
Easy Labour (P.M.) Cause of Death found to be due to old Fallopian Inflammation	1
Easy Labour, Twin Birth	1
Abnormal Presentation, Difficult Labour	1
Puerperal Albuminuria	1
Puerperal Peritonitis Operation	1

PUERPERAL SEPSIS.

27 Cases of Puerperal Sepsis occurred in 1925, of which :—

6 Died.
21 Recovered.

8 of these were attended at birth by Midwives,

1 Died.
7 Recovered.

9 of these cases were attended at birth by Doctor and Midwife,

2 Died.
7 Recovered.

4 of these cases were attended at birth by Maternity Staff (In-Patient).

1 Died.
3 Recovered (1 rural).

6 cases were attended at birth by Doctors,

2 Died.
4 Recovered (2 rural).

STILLBIRTHS.

173 Still births were notified during 1925.

29 of these occurred in the practice of Midwives :—

15 were Full-time Infants.
14 were Premature Infants.

Of the 15 Full-time Infants :—

8 were cases of Macerated Fœtus.
4 were due to Complications during Labour.
3 were Unclassified.

Of the 14 Premature Infants :—

9 were cases of Macerated Fœtus.
3 due to Congenital Malformations.
2 were Unclassified.

OPHTHALMIA NEONATORUM.

69 Cases of Ophthalmia Neonatorum were notified during the year. Of these :—

15 were received from Doctors.
18 were received from Midwives.
6 were received from Doctor and Midwife.
20 I.P. 7
O.P. 13 were received from Maternity Ward, D.R.I.
2 were received from Eye Institution.
8 were received from Mat. and Child Welfare Dept.

Of these 69 Cases :—

10 were attended at birth by Doctors out of a total of 1,105 Confinements.
32 were attended at birth by Midwives out of a total of 1,439 Confinements.
24 8 I.P.
16 O.P. were attended at birth by Maternity Ward, D.R.I., out of a total of 1,257 Confinements.
2 were attended at birth by Doctor and Midwife out of a total of 114 Confinements.
1 was attended at birth by East Poor-house Hospital out of a total of 15 Confinements.

TREATMENT AND RESULTS.

701 Home visits were paid—
  1 not visited.
  68 Initial Visits.
  633 Re-visits.

ADMITTED TO HOSPITAL (9 CASES).

8 Cases were admitted to King's Cross Hospital, of these
  1 case was re-admitted weeks after discharge.
1 Case admitted to Dundee Royal Infirmary.

67 Cases recovered Completely.
1 Case died during treatment (eyes better)
1 Case left town during Treatment (eyes almost well)—
  M.O.H. of District notified.

1 Case of Purulent Conjusctivitis Notified.
  1 Initial Visit.
  17 Re-visits.

GENERAL REMARKS ON CENTRAL MIDWIVES' BOARD REPORT.

The working of the Act has been most satisfactory due to the hearty co-operation of the Midwives.

This has been specially noticeable in 3 ways:—

(1) The greatly increased number of patients sent by Midwives for examination at the Ante-natal Clinic. In all 103 cases were sent, 4 being Primiparae who were quite well, and 30 being women who had no definite illness, only some minor degree of discomfort.

(2) Prompt aplication has been made for Medical Aid in cases of Inflammation of the Eyes of the Infant. 23 Medical Aid forms were sent, only 4 of which were serious cases of Ophthalmia Neonatorum.

(3) Careful enquiry into the History and Symptoms of each case has been made on engagement, the special forms supplied by the Local Authority being employed as far as possible.

There has been no serious case of neglect of the Central Midwives' Board Rules, and only 4 cases in which there was delay or inadvertance in sending in Forms, Keeping Records, etc.

4 Lectures by Special Lecturers dealing with special aspects of their work have been given to the Midwives, and these have all been well attended.

Report of the Dental Clinic.

I beg to submit my Annual Report for 1925.

I am glad to say that there has been an increase in the number of patients and attendances.

The following are the details of attendances and work done :—

ATTENDANCES.

			MOTHERS.		
	Babies.	Children.	A.N.	P.N.	Total.
New Cases ...	1	27	7	23	58
Re-Visits ...	1	13	13	80	107

TREATMENT.

Extractions (per.) ...	72	
Extractions (temp.) ...	15	
Fillings (cement or amalgan)	50	
Scaling and brushing ...	34	
Dressings	37	
Advice	23	
Special gum treatment ...	1	
Dentures	8	
Cost of Dentures supplied	£19 0 0	
Sums recovered from mothers ...	11 18 0	
Nett cost of Dentures supplied		£7 2 0

H. GORDON CAMPBELL,
L.R.C.P. & S.E L.D.S.

Report of the Ante-Natal Clinic.

ANALYSIS OF REPORT.

Total number of visits :—		
New Cases	204	
Re-Visits	225	
	—	429
New Cases :—		
Ante-natal	158	
Post-natal	46	
	—	204
Re-Visits :—		
Ante-natal	181	
Post-natal	43	
Not pregnant	1	
	—	225
Treatment of Patients :—		
Ante-natal—175.		
Referred to Ante-natal Ward	8	
Referred to family Doctor	12	
Treatment at Clinic ... ... (101 Advice only).	155	
	—	175

Post-natal—59.

Referred to D.R.I.	9	
Referred to family Doctor	7	
Treated at Clinic	43	
	—	59

(1 not pregnant).

ANALYSIS OF CASES.

Ante-natal—

Advice (no complaint)	90	
Conditions due to pregnancy—		
Albuminuria	2	
Ante-partum hæmorrhage	4	
Hydramnios	2	
Vomiting	6	
Oedema	1	
Conditions aggravated by pregnancy—		
Varix	17	
Pruritus	1	
Conditions complicating pregnancy—		
Contracted Pelvis	2	
Malpresentation	4	
Cystocele	1	
Incarcerated Gravid Uterus	1	
Discharge	6	
Constipation	15	
Respiratory	1	
Cardiac	1	
Various	4	
	—	158

Post-natal—

Advice	10	
Endocervicitis	1	
Retroversion	8	
Prolapse	4	
Leucorrhœa	3	
Menorrhagia	5	
Complete Abortion	1	
Incomplete Abortion	1	
Constipation	3	
Hæmorrhoids	1	
Bartholin Cyst	1	
Inguinal Hernia	1	
Albuminuria	1	
Anæmia	2	
Syphilis	1	
Various	3	
	—	46
Not Pregnant—		
Anæmia	1	

MARGARET FAIRLIE, M.B., Ch.B.

REPORT ON SPECIAL V.D. CLINIC.

The total attendances for 1925 show a fairly substantial decrease. This is due to a fall in the number of weekly Clinic attendances, and to a fall in the number of daily attendances, chiefly to the latter cause. The decrease in weekly Clinic attendances is due to the fact that of those cases sent for examination during 1925 a larger proportion than formerly were found not to be suffering from any disease.

The decrease in daily attendances is probably due to two causes. (1) That there has been a drop in the number of Gonorrhoea cases, which are essentially the cases requiring daily treatment. (2) That those cases which most require daily treatment have not fully realised the gravity of their condition nor the importance of regular attendance for the relief of such conditions.

On the other hand, the number of new cases for the year shows a slight increase. This increase is due to a rise in the number of new children seen, the number of new mothers being slightly less than in 1924. The increase in the number of new cases among babies is very satisfactory, but as the mothers would more willingly bring their children for treatment if they attended the Clinic themselves it would be encouraging to see an increase in the number of mothers who attend.

In spite of the fact that there has been fewer attendances for the year, this Clinic is undoubtedly a success, and fills a much-needed place in the treatment of Venereal Diseases. Mothers with young infants much prefer to go to a Clinic, (1) which is in the same building as their Child Welfare Clinic; (2) where they know the nursing staff; (3) where there are other mothers with babies present; (4) where the waiting-room is, as a rule, less crowded than is the waiting-room at our Clinic at the Royal Infirmary, to give only a few of the advantages offered to such patients.

Much of the credit for the success of this Clinic is due to the active co-operation of the Health visitors and to their very great assistance in visiting patients who have lapsed in order to persuade them to attend. This link with the patients in their homes is a very valuable asset.

ANALYSIS OF CASES.

Total number of visits :—

	Mothers.	Children.	TOTAL.
New Cases	34	36	70
Re-Visits	377	96	473
	411	132	543

NEW CASES.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Not suffering from any Disease.	TOTAL.
Mothers	12	3	—	19	34
Children	13	—	—	23	36
	25	3	—	42	70

RE-VISITS.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Not suffering from any Disease.	TOTAL.
Mothers	204	144	—	29	377
Children	61	—	—	35	96
	265	144	—	64	473

Wassermann Tests	70
Gonococcal fixation Tests	7
Microscopical examinations	20
Doses of salvarsan substitutes administered ...	29
Doses of bicreol administered	57
Special vaccines administered	1

ANNIE A. FULTON, M.B., Ch.B., D.P.H

Venereal Diseases Scheme.

Dr. Charles Averill's Report.

As in the previous year the work under this scheme has been carried out at the same three Instiutions, viz.: 1 Fleuchar Street for male patients, Dundee Royal Infirmary for female patients, and the Child Welfare Centre, Nelson Street, for nursing mothers and their babies.

A detailed criticism of the ad hoc clinic at 1 Fleuchar Street was entered upon last year, and as the same still holds good a repetition seems unnecessary. The disadvantages under which the female clinic labours are too well known to require repetition. It is hoped, however, that the early future may hold better in store for both clinics.

On the whole the work has been well maintained at both clinics throughout the year, and there has again been a decided increase in the number of new cases which have reported for advice and treatment.

The total number of new patients who reported during 1925 was 933; an increase of 168 over the previous year. Of these new cases there were 525 males and 408 females, both showing an increase over the previous year of respectively 70 and 98.

Throughout the year syphilis showed an increase in total new cases of 46. This increase was entirely due to the female patients as the male cases showed an actual reduction of 7 over the previous year.

Gonorrhoea showed an increase of 14 at the male clinic, while the female clinic manifested a reduction of 5. Gonorrhœa, therefore, showed an increase of 9 in total new cases.

A continued feature of interest was the number of people who called for advice, and who proved on examination to be free from any form of venereal disease. This number again showed a very decided increase, the males accounting for 29 and the females for 35 extra.

The total attendances at both clinics for the year were well maintained. The male clinic showed a slight decrease, while the female showed an almost exactly corresponding increase. The result is an increase in total of 15 over the previous year, the actual totals being 13,927 for the male clinic, and 12,912 for the female clinic.

The question of in-patient treatment is still defective, but a considerable improvement was shown over 1924, in spite of all disadvantages. The female patients accounted for 102 in-patient days, while the male clinic showed an in-patient day index of 505, the latter being an increase of 460 over the previous year. Much undoubtedly still remains to be done under this section in both clinics, and the female clinic in particular.

One has still to admit that patients are not yet reporting any earlier after infection than in former years. Possibly more direct education of the public in way of lectures of a definitely medical character might help to obviate this. A considerable amount of delay appears to be due to ignorance, and there is an undoubted desire on the part of the public for proper information on these subjects.

Of cases suffering from gonorrhoea only about 10 per cent. reported early on in their infection. In the remainder the infection was well established before reporting.

With regard to the new cases of syphilis reporting during 1925, an analysis of these cases shows them to be made up as follows :—

With "Dark Ground" positive but Wassermann reaction still negative	12.2%
With "Dark Ground" positive and Wassermann reaction positive	14.2%
Suffering from secondary syphilis	19.3%
In the tertiary phase of syphilis	36.8%
Cases showing involvement of central nervous system (Tabes Dorsalis and General Paresis included) ...	17.5%

These figures scarcely require commenting upon except perhaps the first, which, although showing an improvement in the right direction, is still far from what it ought to be.

Congenital cases are still far too few, and Dr Fulton, who is in charge of the female clinic, informs me that extremely few cases indeed are brought or attend for treatment.

With regard to the treatment of syphilis and gonorrhoea there is nothing fresh to report, and the methods in use were those of the previous year, as so also were the methods of control in both clinics.

Such a large amount of clinical material necessarily entailed a correspondingly large amount of bacteriological work, and for this I have to cordially thank Professor Tulloch and his assistants.

Throughout the year, in the control of syphilis by blood tests, the Dreyer flocculation test was replaced by the Special Wassermann reaction, another method of ascertaining quantitatively the degree of positivity of the Qualitative Wassermann reaction. For this innovation Professor Tulloch was responsible.

The number of specimens examined by Professor Tulloch and his assitants on behalf of the male and female clinics were as follows :—

Wassermann reaction	1,536
Dreyer and Special Wassermann	233
Gonococcus Complement Fixation Test	372
Dark Ground examinations	28
Urines	216
Smears	815
Total	3,200

While the above report of work done may be considered very satisfactory, there is still a very large percentage of patients who cease attending before their treatment is complete. This is an extremely serious matter, but a discussion of the possible methods of rectifying this defect scarcely comes within the realm of the present report.

I take this opportunity of thanking Dr Fulton, for her valuable co-operation in helping to make the working of the female clinic so successful and also the other members of the staffs of both clinics for their assistance in carrying on the work.

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NEW CASES.

	Dundee.		Other Areas.	
	Males.	Females.	Males.	Females.
January ...	43	37	1	0
February ...	45	43	2	2
March ...	35	34	5	1
April ...	34	13	2	1
May	42	71	4	4
June	51	30	3	5
July	45	19	3	3
August ...	37	34	4	3
September ...	38	31	7	2
October ...	47	27	5	2
November ...	38	27	2	1
December ...	28	17	4	1
Totals ...	483	383=866	42	25=67

Dundee	866
Other Areas	67
Total	933

Of these there were :—

DUNDEE.—Males.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
January ...	8	20	2	5	8
February ...	10	25	2	1	7
March ...	7	19	1	3	5
April ...	12	12	0	7	3
May ...	12	17	1	7	5
June ...	18	19	0	4	10
July ...	7	21	1	6	10
August ...	7	15	0	8	7
September ...	11	16	5	3	3
October ...	7	23	1	6	10
November ...	10	19	0	2	7
December ...	8	12	1	3	4
Totals ...	117	218	14	55	79

Females.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
January ...	11	3	5	0	18
February ...	17	6	3	0	17
March ...	12	6	3	0	13
April ...	8	1	2	0	2
May ...	45	6	12	0	8
June ...	17	5	3	0	5
July ...	6	4	3	0	6
August ...	18	5	2	0	9
September ...	17	8	4	0	2
October ...	14	4	0	0	9
November ...	18	3	0	0	6
December ...	2	3	2	0	10
Totals ...	185	54	39	0	105

OTHER AREAS.—Males.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
January ...	0	0	0	0	1
February ...	0	2	0	0	0
March ...	1	3	0	1	0
April ...	0	2	0	0	0
May ...	2	1	0	0	1
June ...	2	1	0	0	0
July ...	0	2	0	0	1
August ...	2	1	0	1	0
September ...	3	4	0	0	0
October ...	1	2	1	0	1
November ...	0	1	0	0	1
December ...	0	3	0	0	1
Totals ...	11	22	1	2	6

Females.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
January ...	0	0	0	0	0
February ...	2	0	0	0	0
March ...	1	0	0	0	0
April ...	0	1	0	0	0
May ...	4	0	0	0	0
June ...	3	1	0	0	1
July ...	2	1	0	0	0
August ...	0	1	1	0	1
September ...	2	0	0	0	0
October ...	2	0	0	0	0
November ...	1	0	0	0	0
December ...	1	0	0	0	0
Totals ...	18	4	1	0	2

TOTAL NEW CASES.

	Males.	Females.
Syphilis	128	203
Gonorrhœa	240	58
Mixed Infections	15	40
Other V.D	57	0
Not suffering from V.D. ...	85	107
Totals	525	408=933

AGE PERIODS.—Males.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
Under 1 year	12	0	0	0	7
1- 5 years	16	0	0	0	10
5-15 „	12	0	0	0	4
15-25 „	22	83	5	34	25
25 yrs. & up.	66	157	10	23	39
Totals ...	128	240	15	57	85

Grand Total 525

Females.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
Under 1 year	4	0	0	0	6
1- 5 years	4	3	0	0	10
5-15 „	20	4	0	0	36
15-25 „	43	25	14	0	21
25 yrs. & up.	132	26	26	0	34
Totals ...	203	58	40	0	107

Grand Total 408

ATTENDANCES.

	Dundee.		Other Areas.	
	Males.	Females.	Males.	Females.
January ...	1,384	813	48	23
February ...	1,278	905	41	37
March ...	1,361	1,039	45	14
April ...	873	895	46	11
May ...	869	994	38	15
June ...	1,136	1,062	29	42
July ...	984	941	24	50
August ...	1,061	1,094	31	57
September ...	1,062	1,172	46	68
October ...	1,251	1,135	54	74
November ...	1,165	1,142	46	57
December ...	1,021	1,211	34	61
Totals ...	13,445	12,403=25,848	482	509=991

Dundee 25,848
Other Areas 991

Total 26,839

DUNDEE—Males.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
January ...	319	911	97	39	18
February ...	280	866	94	20	18
March ...	288	878	150	31	14
April ...	228	563	53	21	8
May ...	252	530	36	30	21
June ...	259	765	26	64	22
July ...	189	673	29	70	23
August ...	259	690	37	49	26
September ...	238	744	37	22	21
October ...	290	804	114	19	24
November ...	228	808	73	31	25
December ...	190	728	51	33	19
Totals ...	3,020	8,960	797	429	239

Females.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
January ...	329	270	179	0	35
February ...	330	330	213	0	32
March ...	429	331	254	0	25
April ...	355	312	206	0	22
May ...	464	256	255	0	19
June ...	453	307	260	0	42
July ...	384	299	228	0	30
August ...	406	338	301	0	49
September ...	421	385	336	0	30
October ...	472	309	329	0	25
November ...	492	338	276	0	36
December ...	526	352	277	0	56
Totals ...	5,061	3,827	3,114	0	401

OTHER AREAS.—Males.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
January ...	23	23	0	0	2
February ...	19	21	0	0	1
March ...	18	24	0	3	0
April ...	16	30	0	0	0
May ...	15	23	0	0	0
June ...	15	14	0	0	0
July ...	12	10	0	0	2
August ...	20	11	0	0	0
September ...	25	21	0	0	0
October ...	20	20	12	1	1
November ...	18	9	17	0	2
December ...	13	12	6	0	3
Totals ...	214	218	35	4	11

Females.

	Syphilis.	Gonorrhœa.	Mixed Infections.	Other V.D.	No. V.D.
January ...	13	9	1	0	0
February ...	31	6	0	0	0
March ...	12	2	0	0	0
April ...	6	5	0	0	0
May ...	13	2	0	0	0
June ...	29	6	3	0	4
July ...	37	6	5	0	2
August ...	39	10	2	0	6
September ...	47	18	3	0	0
October ...	45	24	4	0	1
November ...	34	17	4	0	2
December ...	35	17	9	0	0
Totals ...	341	122	31	0	15

TOTAL ATTENDANCES.

	Males.	Females.
Syphilis	3,234	5,402
Gonorrhœa	9,178	3,949
Mixed Infections	832	3,145
Other V.D.	433	0
Not suffering from V.D. ...	250	416
Totals	13,927	12,912=26,839

SPECIAL TREATMENT ADMINISTERED.

Number of Intravenous and Intramuscular Injections given:—

	Neo. Kharsivan.					Silver Salvarsan.			
	.15	.3	.45	.6	.75	.1	.15	.2	.25
January	0	15	38	39	47	4	4	3	18
February	0	18	38	52	36	1	3	4	17
March	0	13	62	53	15	6	3	5	25
April	0	14	24	26	26	0	1	0	22
May	0	28	30	60	29	0	0	0	20
June	1	13	60	88	23	2	2	0	2
July	0	17	44	55	15	10	8	8	7
August	0	31	64	53	19	5	2	2	19
September	0	35	51	71	18	2	4	1	15
October	4	19	80	64	30	0	0	2	13
November	6	28	54	98	31	1	1	0	8
December	22	6	42	52	26	3	3	2	1
Totals	33	237	587	711	315	34	31	27	167

	Sulfarsenol.									
	.06	.12	.18	.24	.30	.36	.42	.48	.54	.60
January	2	2	0	0	0	0	0	0	0	0
February,	7	20	14	16	10	6	2	0	0	0
March	12	17	18	15	13	8	6	2	2	3
April	2	9	5	12	14	10	10	4	3	1
May	3	5	3	2	2	2	3	4	3	0
June	15	2	0	0	0	0	1	0	0	0
July	5	1	0	3	0	2	0	0	0	0
August	7	4	0	1	0	0	0	0	0	0
September	5	5	1	6	0	0	0	0	0	0
October	9	2	0	4	0	0	0	0	0	0
November	12	4	1	3	0	0	0	0	0	0
December	8	1	0	4	0	0	0	0	0	0
Totals	87	72	42	66	39	28	22	10	8	4

	Stabilarsan.				Bismuth.			Other Drugs.
	.3	.45	.6	.75	1	2	3 c.c.	
January	1	6	3	8	0	2	74	42
February	0	7	5	7	1	1	63	39
March	0	7	4	5	0	0	60	30
April	0	0	8	10	0	0	54	21
May	1	2	0	11	1	7	56	17
June	2	6	2	5	0	21	39	9
July	5	13	1	2	0	23	17	43
August	1	11	7	5	3	15	31	46
September	7	12	5	5	3	11	40	41
October	5	10	7	4	4	23	38	58
November	0	1	4	2	4	12	48	41
December	0	0	0	1	6	3	34	25
Totals	22	75	46	65	22	118	554	412

Totals—	Neo. Kharsivan	1,883
	Silver Salvarsan	259
	Sulfarsenol	378
	Stabilarsan	208
	Bismuth	694
	Other Drugs	412
	Grand Total	3,834

NUMBER OF SPECIMENS EXAMINED :—

	Wassermann Test.	Dreyer and Special Wassermann Test.	Gonococcus Complement Fixation Test.
January	153	24	27
February	129	9	20
March	115	17	42
April	116	13	44
May	133	9	46
June	137	19	33
July	117	18	33
August	103	15	18
September	152	40	35
October	138	23	37
November	125	20	25
December	118	26	12
Totals	1,536	233	372

	Dark Ground Test·	Microscopic	
		Urines.	Smears.
January	4	32	66
February	0	28	54
March	6	37	69
April	0	31	51
May	0	35	53
June	3	16	51
July	0	16	67
August	1	8	89
September	4	5	106
October	5	3	74
November	2	2	73
December	3	3	62
Totals	28	216	815

C. AVERILL,
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Bacteriological Laboratory.

REPORT

OF

Professor William J. Tulloch.

REPORT OF WORK CARRIED OUT IN THE DEPARTMENT OF BACTERIOLOGY, UNIVERSITY COLLEGE, DUNDEE, ON BEHALF OF THE DUNDEE PUBLIC HEALTH AUTHORITY,

From 1st JANUARY, 1925, to 31st DECEMBER, 1925.

The report is presented in the same fashion as in previous years so that continuity of arrangement may be maintained.

I. Control of Venereal Diseases.
  (a) Control of Syphilis.
    1. Dark Ground Examinations.
    2. Wassermann Reactions (Routine).
    3. Wassermann Reactions (Special and Dreyer Flocculation tests)
    4. Examination of cerebro-spinal fluids.
  (b) Control of Gonorrhœa.
    1. Microscopical examination of discharges and urines.
    2. Gonococcus Complement Fixation tests.
    3. Supply of Vaccine.

II. Control of Other Communicable Diseases.
  (a) Diphtheria.
    1. Throat swabs from cases and contacts.
    2. Virulence tests.
  (b) Enteric Fever.
    1. Widal Reactions.
    2. Examination of fæces in convalescents.
    3. Blood cultures.
    4. Note on a case of Para Typhoid Alpha fever.
  (c) Tuberculosis.

III. SPECIAL INVESTIGATIONS.

- (a) Examination of Milks for contamination.
- (b) Examination of Milks for tuberculosis.
- (c) Food poisoning.
    - 1. A fatal case.
    - 2. Examination of samples from a consignment of tinned tongue.
- (d) Examination of rats for lepto spira icterohæmorrhagica.
- (e) Suspected human case of infective jaundice.
- (f) Prophylaxis of Anthrax.
- (g) Dysentery.
- (h) Miscellaneous examinations.

I. CONTROL OF VENEREAL DISEASES.

(a) Control of Syphilis.

1. Microscopical examinations of material to demonstrate the presence of Treponema pallidum.

During 1925, 33 examinations were made for the presence of T. Pallidum in suspected syphilitic sores. This number shows an increase on the previous year, but is still much too small. It, therefore, appears that notwithstanding the fact that although year after year attention is specially called to the importance of early diagnosis in syphilis, far too large a proportion of cases remain untreated for a longer period than is necessary. The success of preventive and therapeutic measures in this, as in most other communicable diseases, is largely dependent upon early and accurate diagnosis. Delay in diagnosis and treatment means greater danger of spread of the disease, for, with modern methods of treatment, the infectivity of a case of syphilis can be markedly reduced in a very short time.

It cannot be sufficiently emphasised that the Wassermann test, reliable though it be, cannot give the same unequivocal evidence of syphilitic infection as does the demonstration of T. Pallidum in morbid exudates.

Moreover, postponement of treatment means prolonged treatment, which is more costly, and the end results of which are much less satisfactory than when active treatment is commenced in the primary stage of the disease.

To call upon the Venereal Diseases Officers to treat late cases of syphilis in which the diagnosis could have been established with certainty during the early phases of the infection is to place upon these officers a burden of work and a responsibility which is quite unnecessary, and defeats, to a large extent, the object of the scheme for the control of Venereal Disease.

The importance of early diagnosis and early active treatment cannot be over-emphasised.

2. Wassermann Reactions.

During six months of the year 1925 a whole-time research worker was engaged in the laboratory in conducting an investigation which had for its object so to modify the technique of the Wassermann test that the results obtained over prolonged periods might be correlated with one another. This work has proved exceedingly valuable, in that one of the main objections to the test, viz.: that, although from the qualitative viewpoint it exhibits remarkable specificity, the results obtained could not be expressed quantitatively, has been met, to a considerable extent, by the use of a method made possible by this research.

The total number of tests carried out was 3,268, of which 1,769 were from the clinic, 386 from private practitioners, and 1,113 from institutions other than the clinic. These figures are practically the same as for the preceding year.

3. Special (Quantitative) Wassermann Tests and Dreyer Flocculation Reactions.

During 1924 the officers in charge of the Venereal Diseases Clinics requested that some form of quantitative test be made available for the investigation of these cases in which a purely qualitative test did not give the information required as to the progress of treatment. During that year the Dreyer flocculation test was employed to meet this requirement, but that test has certain disadvantages which were made manifest during the League of Nations Conference at

Copenhagen, and it has since been superseded in this laboratory by a quantitative Wassermann reaction, the results of which are interpreted in terms of the same known positive and negative sera used as controls each time the test is performed.

During 1925, 245 of these special tests have been made, viz. :—234 for the clinic, 7 for private practitioners and 4 for institutions other than the clinic.

4. Examination of Cerebro-spinal Fluids.

During 1925 the complete investigation of cerebrospinal fluids from cases of suspected neuro syphilis was continued, the examination in each instance being as complete as possible.

The information obtained from such examinations is so valuable that it is advisable that they be carried

The past year, then, has seen at least one advance in the laboratory examination of syphilis tending to more adequate control of that disease. This progress is made possible by the very harmonious relations which exist between the laboratory and the clinic.

The staff of, and research workers in, the laboratory are indebted to Dr Averill and to Dr Fulton for information, advice, assistance, and helpful criticism in the elaboration of the new methods introduced during 1925.

(b) Control of Gonorrhœa.

One is pleased to note that the interest in this disease is being maintained, for the fact must not be lost sight of that gonorrhœa may be even a more serious malady than syphilis.

1. Microscopical examination of Discharges for the Diagnosis of and Control of Treatment in Gonorrhœa.

During 1925, 1,269 microscopical examinations of material for the diagnosis and control of gonorrhœa were carried out. Of these 1,031 were examinations of discharges and 238 were examinations of urine. These are distributed thus :—

	Discharges.	Urines.
From the Clinic	815	216
From Private Practitioners	126	21
From institutions other than the Clinic	90	1

This represents an increase of approximately 20 per cent. as compared with the previous year, and about 2½ times that of 1922.

2. Investigation of cases of Gonorrhœa by the Complement Fixation Reaction.

During 1925, 421 complement fixation tests have been carried out with a view to the control of treatment or diagnosis of gonorrhœa. These were distributed thus:—From the clinic, 372; from institutions other than the clinic, 24; and from private practitioners, 25. This shows a slight decrease as compared with 1924.

The decrease is limited to material sent for examination by private practitioners, as the number from the clinic and from other institutions is the same as in 1924. This calls for comment as the main value of the test is the information which it gives in the investigation of the more remote forms of gonorrhœal infection, such as joint lesions and affections of the female pelvic organs. It should, therefore, be of especial value to the general surgeon and the gynæcologist. The number of tests carried out on behalf of private practitioners and institutions other than the clinic should, therefore, be considerably greater.

3. Gonococcal Vaccine.

During 1925 the laboratory has continued to supply both male and female clinics with gonococcus vaccines upon a large scale.

The total number of examinations, then, for the control of Venereal Disease during 1925 is 5,236, the highest figure so far attained.

II. EXAMINATIONS FOR THE CONTROL OF OTHER COMMUNICABLE DISEASES.

(a) Diphtheria.

1. Cultural examination of throat swabs.

Although during 1925 there has been no notably serious outbreak of diphtheria in Dundee, nevertheless a considerable number of cases have occurred, and the total number of swabs examined was 2,002.

In connection with the examination of throat swabs two points call for comment, viz. :—(1) The result of the bacteriological examination of the throat is of great importance to the public health officer, and its value to the practitioner is no less great when he is dealing with doubtful cases, but when the clinical features suggest diphtheria, it is unwise to delay the administration of anti-toxin until the result of the bacteriological examination is available.. A case which is clinically diphtheria should be treated as diphtheria. If complete investigation negatives the diagnosis, no harm is done, but harm **is** liable to be done to cases of diphtheria when the administration of serum is delayed. In cases which are clinically diphtheria it is well to have the diagnosis verified by bacteriological examination, but it is especially important that treatment be initiated **forthwith.** (2) In submitting nasal swabs for examination, it is essential that the form accompanying the specimen should be clearly marked NASAL, as the interpretation of findings in the case of nasal swabs is much more difficult than in that of pharyngeal swabs. The reason for this is that organisms somewhat resembling bacillus diphtheriæ, but of no pathological significance, are found in the nose so frequently that they might indeed be regarded as normal inhabitants thereof. Unless, then, the evidence is quite definite in the case of a nasal swab, the findings must be interpreted with great caution.

2. Virulence Tests.

In all, during 1925, 24 tests have been made to determine the virulence of diphtheria bacilli present in the throats of convalescents. Of these, 23 were from patients in King's Cross Hospital, and one in private practice. As in previous years these tests have proved of value in expediting the discharge of patients from the Isolation Hospital.

(b) Control of Enteric Fever.

1. Widal Reactions.

A small number of cases of Enteric Fever occurred in the City during 1925, but there has been no extensive or serious outbreak of this disease.

In all 140 tests were carried out on 70 specimens of blood. The duplicate test against both Typhoid and Para Typhoid Beta continues to be employed as a routine, and again proved valuable as the majority of the cases proved to be paratyphoid, and often of a mild type, the clinical diagnosis of which presented some difficulty.

In past years the findings have been similar, with the exception of 1924, when typhoid was somewhat more prevalent than paratyphoid.

2. Blood Cultures.

The most satisfactory of all methods for diagnosing enteric fever is blood culture, as by this means an early and accurate diagnosis can be established. In the past this method has not found much favour among the practitioners of the City, but during 1925 a small number of cases were investigated by this procedure. The value of the method was strikingly shown in its application to the diagnosis of the disease in an institution where the malady occurred in somewhat unusual circumstances. In the case of institutions, early diagnosis is of especial importance for the precise nature of the disease must be established as early as possible to limit further spread of infection, particularly from these cases exhibiting peculiar clinical features.

3. Examination of fæces and urine from Enteric convalescents.

During 1925, 69 examinations of material from convalescents have been made. The paratyphoid bacillus was recovered from a number of these, but none of the patients became carriers, and in no instance did the micro-organism persist in the fæces for a lengthy period after convalescence.

4. Note on a case of Paratyphoid Alpha Fever.

Paratyphoid Alpha Fever is an infection that has so far not been encountered in this district of Scotland, but during the year 1925 one case occurred. The patient had quite recently returned to this country from Southern Europe, and the time of onset of the disease strongly suggested that the infection was acquired abroad.

(c) Control of Tuberculosis.

385 specimens of sputum were examined from cases in Dundee during 1925—again a slight increase on the previous year. The ratio of negative to positive findings remains much as before.

Research on Tuberculosis still continues to occupy the staff of the laboratory, and encouraging results are now being obtained in the use of a new method of prevention. Much work will, however, have to be done before certain technical difficulties are overcome and the value of the method assessed with accuracy.

III. SPECIAL INVESTIGATIONS.

(a) Examination of milks for contamination.

During 1925, 72 specimens of milk were examined to determine the degree of bacterial contamination and the presence of organisms of fæcal origin.

The results of these examinations are as follows :—

1. Test for presence of B. Coli.

Bacillus coli test positive in .001 c.c. or less	—Unsatisfactory	16
Bacillus coli test positive in .01 c.c. negative .001	—Doubtful ...	16
Bacillus coli test positive in 0.1 c.c. negative .01	—Good	16
Bacillus coli test positive in 1. c.c. negative 0.1	—Very Good ...	12
Bacillus coli test negative in 1 c.c.	—Excellent ...	12
	Total	72

So far, then, as the B. Coli test is concerned 40 of these 72 milks are up to the standard of Grade A. milk, while 24 pass the more severe test for certified milk.

2. Total number of micro-organisms.

(a)	Over 5,000,000 per c.c.	1
(b)	Over 3,000,000 but less than 5,000,000 per c.c. ...	5
(c)	Over 1,000,000 but less than 3,000,000 per c.c. ...	3
(d)	Over 700,000 but less than 1,000,000 per c.c. ...	1
(e)	Over 500,000 but less than 700,000 per c.c. ...	1
(f)	Over 300,000 but less than 500,000 per c.c. ...	3
(g)	Over 200,000 but less than 300,000 per c.c. ...	2
(h)	Over 100,000 but less than 200,000 per c.c. ...	6
(i)	Over 50,000 but less than 100,000 per c.c. ...	12
(j)	Over 30,000 but less than 50,000 per c.c. ...	8
(k)	Over 10,000 but less than 30,000 per c.c. ...	18
(l)	Over 5,000 but less than 10,000 per c.c. ...	2
(m)	Less than 5,000 per c.c.	10
	Total	72

Therefore, from the standpoint of total content of all micro-organisms, 49 of the 72 milks are up to the standard of Grade A. milk, while 30 pass the more severe test for certified milk.

An additional specimen, making 73 in all, was submitted for examination because of a specific complaint concerning it.

This milk proved, however, to be remarkably clean, the colon test being positive only in 0.1 c.c. and the total count of micro-organisms being 9,000 per c.c.

So far, no dairy in Dundee has submitted any specimens of milk for "grading" under the Milk (Special Designations) Order of 1922 nor Amendment Order (Scotland) 1923.

(b) Examination of Milk for the presence of Tubercle Bacilli.

During the year 24 specimens were submitted for special examination with a view to the demonstration of tubercle bacilli in milk. Of these two specimens were of such a character that a satisfactory investigation could not be made, while of the remaining 22, only one was found to be infected with bacillus tuberculosis.

(c) Food Poisoning.

(1) One case of food poisoning occurred in Dundee during 1925, unfortunately with fatal issue. The victim was taken ill while travelling to Dundee, and was certainly not infected within the City. The casual organism proved to be bacillus Suipestifer.

(2) One specimen of food-stuff—tinned tongue—was examined as some doubt had arisen as to its quality. Extensive examination failed to reveal the presence of anything of a noxious nature.

(d) Examination of rats for the presence of the causal organism of Infective Jaundice.

During 1925 there was begun a survey of the rat population of the City with a view to determining the incidence among them of infection with Leptospira Icterohæmorrhagica.

This survey is not yet completed, but the figures so far obtained indicate that the incidence of this infection among the rats in Dundee is much the same as that obtained when similar surveys have been made in other centres of population in this country.

(e) Suspected Human Case of Infective Jaundice.

One case of suspected Infective Jaundice was made the subject of a very complete examination, but the results were negative. That the case was not one of this disease was later established by its subsequent history.

(f) Prophylaxis of Anthrax.

As in previous years a supply of Sclavo's serum has been available in the laboratory for the prevention or treatment of anthrax.

Anthrax is not a common disease in the City, but each year there are instances in which butchers and others who have to deal with cattle are exposed to infection which is especially liable to occur when there are abrasions on the hands or forearms.

In 1925 two instances occurred in which it was deemed advisable to administer Sclavo's serum prophylactically to men so exposed to anthrax.

(g) Dysentery.

No cases of bacillary dysentery occurred in Dundee during 1925, although infection of that nature was suspected in a few cases.

Several specimens were submitted for examination for the presence of Entamœba Histolytica—the cause of amœbic (tropical) dysentery—but all, with one exception, proved negative. The exception was a member of a ship's crew who had recently acquired the disease abroad.

The number of cases in which amœbic dysentery, occurring as relapses, in men returned from service during the late war, is therefore apparently steadily declining.

(h) Miscellaneous Investigations.

In addition to the work categorised under the above headings a number of miscellaneous tests, preparation of vaccines, &c., have been undertaken on behalf of the Public Health Authority of the City of Dundee, while the less frequently used therapeutic sera have been available and supplied at short notice to the various hospitals in the Ciy.

The work of the laboratory on behalf of the Public Health Authority of the City has shown an increase in almost all departments of its activity, and this work has been carried out successfully largely because of the ready, willing and helpful co-operation of the staff of the Public Health Department and of the various clinics.

This co-operation does much to lighten the work and to make it more interesting by increasing efficiency and by offering educational facilities to the Department and its ancillary clinics.

King's Cross Hospital

REPORT

BY

William M'Kie, M.B.Ch.B., D.P.H.

Senior Resident Medical Officer.

During the year commencing 1st January, 1925, and ending 31st December, 1925, 1,648 cases of ordinary infectious disease and 140 cases of tuberculosis were admitted to the Hospital.

The daily average number in cases of ordinary infectious disease was, 136.44, while in the case of tuberculosis it was 54.87.

The highest daily number of all patients in Hospital was 259 (on 14th November), while the lowest was 168 (on 13th July).

Below is a table of all patients treated in Hospital during the past year :—

DISEASE.	In Hospital at 31st Dec., 1924.	Admitted between 1st Jan.—31st Dec., 1925.	Discharged between 1st Jan.—31st Dec., 1925.	Died between 1st Jan. and 31st Dec., 1925.	Remaining in Hospital at 31st Dec., 1925.
Scarlet fever	67	869	817	31	88
Diphtheria	37	561	483	73	42
Measles	26	100	92	34	0
Enteric fever	0	26	22	2	2
Erysipelas	0	28	20	4	4
Diphtheria and scarlet fever	1	31	19	6	7
Ophthalmia Neonatorum	1	10	10	1	0
Diphtheria and Measles	0	3	2	0	1
Mumps	0	1	1	0	0
Scarlet fever and chickenpox	0	2	2	0	0
Diphtheria and Whooping cough	0	3	1	2	0
Scarlet fever and measles,	0	1	1	0	0
Cerebro Spinal Meningitis	0	3	1	2	0
Chickenpox	0	1	1	0	0
Scarlet fever and whooping cough	0	4	4	0	0
Dysentry	0	1	1	0	0
Diphtheria and mumps	0	2	2	0	0
Diphtheria and chickenpox	0	1	1	0	0
Diphtheria, scarlet fever and mumps	0	1	0	0	1
Total Infectious Diseases	132	1,648	1,480	155	145
Tuberculosis	52	140	71	64	57
	184	1,788	1,551	219	202

The case mortality for the ordinary infectious diseases was 9.48 per cent., while for tuberculosis it was 47.4 per cent.

SCARLET FEVER.

There were 869 cases of scarlet fever admitted to the wards during the year; 31 cases proved fatal, and there was a case mortality of 3.65 per cent.

The sexes and ages were as follows:—

Age.		Cases.		Deaths.	
		M.	F.	M.	F.
Under 1 year	...	3	4	0	0
1- 2 years	...	20	21	1	5
2- 5 „	...	92	140	6	8
5-15 „	...	188	250	3	2
15-25 „	...	35	68	1	1
25-45 „	...	8	37	1	3
45 and over	...	1	2	0	0
		347	522	12	19
Total	...	869		31	

One case, aet. 1 year, in suffering from what appeared to be bronchial mischief of a severe type and died in 6 days. The diagnosis of scarlet fever was not confirmed.

One case admitted was found to be suffering from both scarlet fever and measles, while another had chickenpox in addition to scarlet fever.

Besides these in 48 cases the diagnosis of scarlet fever was not confirmed. In 2 cases measles was ultimately diagnosed, while rubella was found to be the cause of illness in another.

In one case each of the following were found to be the cause of illness:—Bronchitis, lobar pneumonia, diphtheria, urticaria, and urticaria with purpura, and abcess of the chest wall, while in 3 cases the rash was found to be of a septic character. In only 3 cases was no appreciable disease found to be present.

In 33 cases another disease was found to be present as well as scarlet fever. In 31 of these diphtheria was the complicating condition, and of these a considerable proportion were carriers of diphtheria bacilli only. In one of the other cases chickenpox was also found to be present while in the other measles developed in a few days.

Complications were again a conspicuous feature, and a considerable number required operative interference.

The chief among them were:—

Arthritis	44
Cervical adentis	126
Otitis media	6
Otitis media with otorrhoea	69
Mastoid abscess	18
Cervical Abscess	19
Rhinitis	177
Nephritis	14
Albuminuria	36
Secondary throat	20
Impetigo	14
Endocarditis	5
Pericarditis	1
Pneumonias	8

Six cases developed mumps while in the wards, five developed measles, and a similar number took diphtheria, while two became carriers of diphtheria bacilli. Five deveolped chickenpox and one erysipelas.

In 50 cases the provisional diagnosis was not confirmed.

Details are given below of the diagnosis finally arrived at:—

Measles	2
Rubella	1
Bronchitis	1
Lobar pneumonia	1
Diphtheria	1
Septic rash	3
Urticaria and pulpura ...	1
Abscess of chest wall	1
No appreciable disease ...	3

Throat affections and various adventitious rashes accounted for the remainder of the cases.

The epidemic of scarlet fever continued throughout the year, and was even more widespread than before, and accommodation in Hospital for this disease was taxed to its utmost for prolonged periods. The cases seemed scarcely so severe in character, however; and complications, though numerous, were not quite so harmful, with the result that the death-roll was, comparatively, less than last year.

DIPHTHERIA.

During the year 561 cases were admitted to Hospital with a diagnosis of diphtheria. In 87 cases the diagnosis of true diphtheria was not confirmed and the patients proved to be only carriers or to be suffering from another disease. 29 proved to be simple tonsillitis, 13 had scarlet fever, and 3 measles, while 26 were not definitely classified in regard to their illness. A great variety of conditions accounted for the remainder, including slough after tonsillectomy in 2 cases and broncho pneumonia in a like number. One interesting case simulated laryngeal diphtheria very closely, a fish bone was ultimately removed from the larynx by Dr Mathers by direct laryngoscopy. Vincent's Angina, thrush and stomatitis, erysipelas, marasmus, and bronchitis may be mentioned as other conditions which accounted for one case each.

Thirty-two cases were found to be carriers of diphtheria bacilli only, while in 24 cases diphtheria was found to be present in some form along with some other condition. Scarlet fever and measles besides diphtheria were present in one case; in 13 cases scarlet fever alone was found to be present with the diphtheria, and measles was combined with diphtheria in two cases, and similarly whooping cough in one case. Four cases sent in as diphtheria were found to be carriers only, but proved to be suffering from scarlet fever also.

The age and sex of the cases admitted are as follows:—

Age.	Cases.		Deaths.	
	M.	F.	M.	F.
Under 1 year ...	14	9	4	3
1- 2 years ...	26	14	9	5
2- 5 ...	90	70	17	14
5-15 ,, ...	107	133	10	9
15-25 ,, ...	23	42	2	0
25-45 ,, ...	7	23	0	0
45 and over ...	0	3	0	0
	267	294	42	31
Total ...	561		73	

The case mortality for diphtheria was 13.1 per cent.

The following shows the main complications noted.

Again this year two cases showed a hæmorrhagic character, and both succumbed.

Cervical adenitis	44 cases.
Cervical abscess	10 ,,
Cardiac complications	28 ,,
Otorrhoea	32 ,,
Rhinorrhoea	23 ,,
Albuminuria	21 ,,
Nephritis	2 ,,
Pneumonias	10 ,,
Secondary Throat affections	8 ,,
Epistaxis	4 ,,
Herpes	4 ,,
Paresis	56 ,,

The details of the different forms of paresis are as follows.—

Palatal	26
Pharyngeal	8
Facial	3
Strabismus	9
Of limbs	3
Ciliary	3
Diaphragmatic	2
Ptosis	2
	56

Mastoid abscesses, requiring mastoidectomy, occurred in 4 cases which were admitted as diphtheria. Three of these cases had also scarlet fever, however, while in one case the presence of diphtheria was never confirmed.

Seven convalescents from diphtheria, while in Hospital, developed scarlet fever, eleven took measles, while eight took mumps and four chickenpox.

44 cases were of the laryngeal type. Of these 24 of purely laryngeal type showed 6 deaths to 18 recoveries, while 20 which were of mixed laryngeal and faucial type showed 14 deaths to 6 recoveries. In the latter group 3 of the fatal cases showed at post mortem pneumonic complications, 1 had a very severe

purpulent bronchitis, while 1 died at a late stage from paralytic complications.

In 9 cases tracheotomy had to be performed. Of these 3 recovered, while 6 died.

Again this year a considerable number of cases came in too late for treatment to be of much avail. In several instances cases commencing as faucial diphtheria seemed to have gone on until urgent laryngeal symptoms presented themselves before medical aid was called in. Membrane in several instances was found extending far down into the air passages.

MEASLES.

During the year 100 cases of measles were admitted to Hospital. Many of the cases were of severe character, and most were complicated in some way, broncho pneumonia being the most frequent complication.

92 cases were discharged cured or much improved, while 34 proved fatal during the year.

The sex and age of the cases are given below :—

Age.		Cases.		Deaths.	
		M.	F.	M.	F.
Under 1 year	...	10	7	3	3
1- 2 ,,	...	14	13	9	6
2- 5 ,,	...	27	13	7	4
5-15 ,,	...	6	3	1	0
15-25 ,,	...	1	3	0	1
25-45 ,,	...	1	2	0	0
45 and over	...	0	0	0	0
		59	41	20	14
Total	...	100		34	

The case mortality for measles was 26.98 per cent.

One case admitted as measles proved to be scarlet fever, and another turned out to be rubella. One case in whom measles was probably present, though it was not definitely confirmed, had definitely scarlet fever, while another had diphtheria as well as measles. Two cases which were not confirmed had adventitious rashes, while another two had no appreciable disease. One case which had a definite and fairly severe attack of measles had also a typical and well marked whooping cough. Two other cases were not confirmed as suffering from measles, one had bronchitis and sepsis of the pharynx, while the other had a fairly severe burn and suffered from broncho pneumonia.

The chief complications met with are set out below :—

Broncho pneumonia ...	42
Otorrhoea	9
Conjunctivitis	5
Blepharitis	1
Laryngitis	5
Bronchitis	4
Cervical adentis	6
Cervical abscess	3
Septic complications ...	5
Tubercular complications ...	2
Burns	3
Impetigo	3
Albuminuria	2

A rather severe outbreak of diphtheria occurred in the measles ward, and the carrying of diphtheria organisms among measles cases was a decided feature of the epidemic as far as the Hospital was concerned. 13 cases of measles developed diphtheria, and 10 became carriers of diphtheria organisms. Practically all the cases were noticed very early in the disease. and little injury occurred to the children through the diphtheria. 2 cases developed whooping cough, and one took chickenpox and another scarlet fever.

The lack of sufficient accommodation to deal effectively with the large number of infectious cases which has had to be taken during last year was specially felt in regard to measles. Effective isolation has been very difficult or impossible to achieve, and consequently it has not been possible to control cross infection in anything approaching a satisfactory manner. Additional accommodation for such diseases as measles and whooping cough would seem to be an immediate need.

ENTERIC FEVER.

26 cases were admitted with a diagnosis of enteric fever. Of these 15 were proved by bacteriological examination to be true cases of enteric. 13 were infected by bacillus para typhosus B, while one was

infected by bacillus typhosus, and the other showed a positive widal to bacillus para typhasus B, but was proved by post mortem examination to have suffered from chronic interstitial nephritis, and showed no sign of any lesion due to enteric fever.

One case, an infant of a few weeks' old, came in with its mother who was suffering from enteric. Its widal reaction was positive to bacillus para typhosus B, as was that of the mother. As the mother was in all probability suffering from enteric at the time the child was born, and as the child showed no clinical sign of illness, it was presumed that the widal in its case was derived from the mother.

All cases recovered except 2, one of which was the case of chronic interstitial nephritis mentioned above, the other was not confirmed bacteriologically or clinically to be suffering from enteric. Post mortem in this case revealed the cause of death as acute gastritis ; there was also, however, some degree of pneumonia present.

Six cases were not confined as suffering from enteric clinically or bacteriologically, and were discharged cured or much improved. In 4 cases no definite diagnosis was arrived at, while in one of the others a verminous condition accounted for the illness, while in the other bronchitis was found to be present.

Two cases remained in Hospital at the end of the year.

An age and sex table is as follows :—

Age.	Cases.		Deaths.	
	M.	F.	M.	F.
Under 1 year ...	0	1	0	0
1- 5 years ...	2	2	0	0
5-15 ,, ...	4	4	0	0
15-25 ,, ...	2	2	0	0
25-45 ,, ...	2	3	1	0
45 and over ...	3	1	1	0
	13	13	2	0
Total ...	26		2	

ERYSIPELAS.

26 cases of erysipelas were admitted during the year. There were 4 deaths, one a child of 6 months,

2 of elderly females, and 1 an elderly male. One very severe case arising in a case with eye trouble resulted in cellulitis of an eye ball, with, unfortunately, resulting damage to the eye. Four cases remained in Hospital at the end of the year. The case mortality was 16.66 per cent.

DIPHTHERIA AND SCARLET FEVER.

During the year 31 cases were admitted with a diagnosis of diphtheria and scarlet fever. Of these 14 were ultimately confirmed as suffering from both diseases. There were 6 deaths, 19 were discharged, while 7 remained in Hospital, there having been one in Hospital at the beginning of the year.

TUBERCULOSIS.

140 cases of tuberculosis were admitted to Hospital during the year. 64 proved fatal, and the case mortality was 47.4 per cent. 34 males and 37 females were discharged during the year, while of the 140 admissions 74 were males and 66 females.

The age and sex of the fatal cases were as follows:

Age.	Male.	Female.
Under 1 year ...	0	0
1- 5 years ...	1	0
5-15 " ...	0	4
15-25 " ...	12	12
25-45 " ...	12	11
45-65 " ...	3	8
Over 56 years ...	0	1
	28	36

BACTERIOLOGICAL LABORATORY.

During the year investigations carried out in the laboratory of the Hospital were as follows:—

Cultural investigation of throat swabs—

In-paients	5,957
Contacts	664
Total ...	6,621

Specimen of sputum examined microscopically ...	469
Bacteriological investigations of other character were made to the number of	55

WILLIAM McKIE, M.B., Ch.B., D.P.H.

REPORT

OF

Mr Mitchell, Chief Sanitary Inspector.

SANITARY DEPARTMENT,
WEST BELL STREET,
DUNDEE, 17th MAY, 1926.

*To the Scottish Board of Health; and
the Lord Provost, Magistrates, and Councillors—
the Local Authority of the City of Dundee.*

GENTLEMEN,

I have the honour to submit my Annual Report showing the work of the Sanitary Department during the year 1925. The Report has been prepared in accordance with the requirements of the Board as contained in their circular dated 30th December, 1925.

Death-Rate: Density of Population and Acreage.

The death-rate per 1,000, as calculated and corrected by the Medical Officer of Health, for 1925, was 16.7 as against 16.4 in 1924, and 14.7 in 1923.

The population, as estimated to the middle of 1925 by the Registrar-General, is 169,361.

The acreage of the City, excluding foreshore, is 6,548. This works out at 25.86 persons to an acre.

Staff.

The number and composition of the Staff is as follows :—

1	Chief Sanitary Inspector.
1	Superintendent.
1	Plumber Inspector.
1	Housing Inspector.
2	Food Inspectors and Sampling Officers.
4	District Inspectors.
1	Epidemic Inspector.
1	Port Sanitary Officer.
5	District Officers.
1	Epidemic Officer.
2	Junior District Officers.
1	Clerk.
Total 21	

From the particulars here given, which embraces the most important sections of the multipartite activities of the Department, it will be seen the members of the Staff were kept occupied to the full, and I desire to place on record my appreciation of their valuable co-operation in the work of keeping a watch over the health, comfort and wellbeing of the Community—so far as it appertains to the Sanitary Department. They have ungrudgingly responded to any call made upon them after the ordinary hours of duty in the evenings were over, through the nights and in the early mornings, including Sundays.

Appointments.

I think it well at this time to place on record the various appointments held by myself from the Local Authority, as at 31st December, 1925, under the following Statutes, viz. :—

(a) As Chief Inspector.
  1. The Public Health and Local Acts.
  2. The Shops Acts.
  3. The Smoke Nuisance Abatement Acts.
  4. The Contagious Diseases (Animals) Acts—so far as Dairies and Milk are concerned.
  5. The Burgh Police (Scotland) Act, 1903—Ticketing of Houses.
  6. The Burgh Police (Scotland) Amendment Act, 1911—with regard to Places of Public Refreshment.
  7. The Rag Flock Act, 1911.
  8. The Fabrics (Misdescription) Act, 1913.
  9. The Sale of Food Order, 1921, &c.
  10. The Public Health (Condensed Milk) Regulations (Scotland), 1923.
  11. The Public Health (Dried Milk) Regulations (Scotland), 1923.
  12. The Milk and Dairies (Amendment) Act, 1922, &c.
  13. The Public Health (Meat) Regulations (Scotland), 1924, Article XII.
  14. The Public Health (Unsound Food) Regulations (Scotland), 1925—as responsible Officer, Article XII.
  15. The Factory and Workshop Acts—so far as Workshops are concerned.

(b) As Chief Food Inspector and Sampling Officer.
  16. The Sale of Food and Drugs Acts, &c.

(c) As a Designated Officer.
  17. The Housing, Town Planning, &c., Acts.

(d) As Executive Officer.

18. The Rats and Mice (Destruction) Act, 1919.

(e) As Sanitary Inspector.

19. The Milk and Dairies (Scotland) Act, 1914.

(f) Either solely, or in conjunction with the Medical Officer of Health—the issue of Certificates required in terms of

20. The Increase of Rent and Mortgage Interest (Restrictions) Acts.

Rainfall.

The total rainfall in Dundee, as noted at the Eastern Necropolis and reported by the Superintendent of Cemeteries, was 26.24 inches, as against 35.66 inches last year. The figures for each month are as follows :—

January	2.01 inches.
February	3.25 inches.
March	1.43 inches.
April	2.87 inches.
May	3.77 inches.
June	.61 inches.
July	1.76 inches.
August	1.81 inches.
September	2.92 inches.
October	2.36 inches.
November	.88 inches.
December	2.57 inches.
Total ...	26.24 inches.

This shows an average fall of 2.18 inches per month, as against 2.97 inches of the former year, and 2.59 inches in 1923.

Public Sewerage of the City.

Dundee is very happily situated for disposal of its sewage. It has a direct discharge into the River Tay, thus obviating the vast expenditure which many inland towns have to bear when faced with the problem of sewage disposal.

Dundee's chief trouble is flooding. During a heavy rain, owing to the sloping site of the City, storm water rapidly reaches the lower levels. Here, during high tides, it is held up owing to the fact that all sewers on the made-up ground to the south of the original shore are under water. There was no serious flooding during the year.

The work of constructing and maintaining sewers in the City is carried out by the Works Department under the City Engineer. During the past year approximately three miles of new sewers were laid down, making the total length of sewers in the City 133½ miles. In maintenance and repair the sum of £3,806 was spent. The principal item was the renewal of the brick sewer in East Dock Street which had given way.

A peculiar "gas attack" occurred in the early part of the year, and was ultimately traced to an outfall sewer at King George V. Wharf. There seems to be no reason to doubt that it originated in a discharge of liquor from the Gas Works into the Firth, which was carried by the inflowing tide to the centre and west end of the City.

A complaint was received anent an offensive smell at the east end of Barnhill Golf Course. On investigation it was discovered that sewage was being thrown back on to the foreshore and left by the tide. Naturally—with the excessive warm weather the liquid, &c., gave off a very offensive odour. The attention of the City Engineer's Department was directed thereto. and the nuisance overcome by carrying the outfall sewer a considerable distance into the Firth, where the continuous stream of running water from the Dighty will carry seaward any offensive discharge.

Water Supply.

Mr George Baxter, jun., the Water Works Manager and Engineer, reports :—

"Practically the whole of the City's Water Supply is drawn from Lintrathen Loch, unless when one or other of the Lintrathen Trunk Mains are under repair, in which case the Monikie Reservoirs are drawn on to augment the reduced quantity from Lintrathen. As the Lintrathen Mains, however, become more reduced in carrying capacity owing to the incrustation of their interiors, the Monikie source of supply will gradually require to be made fuller use of. The Reservoir at Crombie is normally used exclusively for the supply of Carnoustie and Barry, but can also, in emergency, be utilised for the supply of Monifieth and Broughty Ferry.

The Crombie and Monikie waters are filtered through gravity type slow sand filters before delivery to consumers. The Lintrathen water is not filtered, however. It is impounded in a reservoir which has at the present rate of consumption approximately 200 days' storage, and from an upland Catchment Area of 19,000 acres—86 per cent. of which is virgin moorland—where the risk of pathogenic pollution has been reduced to negligible minimum. The Department now owns the 4,000 acres of the Catchment Area lying contiguous to the Reservoir, and containing the main feeder for a distance back of approximately 3½ miles. 1,000 acres of this area have been afforested and the remainder laid down in permanent pasture.

All bacteriological authorities are agreed that prolonged storage greatly improves the quality (bacteriologically) of surface gathered water, and where, in the case of Lintrathen, the raw water is initially of a relatively high degree of organic purity, the prolonged storage which it undergoes finally reduces the bacterial content to far below that which is generally accepted as admissible, rendering it fit for domestic use without filtration treatment.

The average quantities of water drawn daily from the various Reservoirs during the past year were as follows :—

Lintrathen	8,897,000	gallons.
Monikie	582,000	,,
Crombie	347,000	,,
Total ...	9,826,000	,,

This total is higher by 126,000 gallons than the corresponding figure last year.

The population of the Water Area is approximately 210,000, so that the above total represents a daily consumpt per head of 46.8 gallons. Of this rate per head 16.7 gallons represents the Meter supply for Trade and general Public Health Purposes, including Street and Sewer Flushing, leaving a balance of approximately 30.1 gallons per head for general Domestic purposes. Although 30 gallons per head is the average consumpt in the City and district, the consumpt per head varies between exceedingly wide limits, and is, unfortunately, least in those districts of the City where housing and congestion are worst, where it dwindles down to less than 10 gallons per head per day. Compared with other cities in the British Isles, 30 gallons per head per day is a relatively high figure, although in comparison with Continental and American cities, and particularly the latter, it is low. The consumpt per head in any City is really predetermined by local circumstances and depends largely on the habits of the people. With the rehousing of that section of the population which at present is inhabiting housing where facilities for using water are of the most primitive description, there is no question that there will be a considerable increase in the quantity of water daily consumed in the City and district."

DOMESTIC WATER SUPPLY—SINKS, &C.

Under our Local Act of 1907, 42 notices after authorisation by the Town Council, were served upon the owners or agents of property to have the water supplies in dwelling-houses augmented through the introduction of new service piping of a larger diameter. These notices have been complied with or are now in course of receiving attention.

28 properties have had their water supplies added to by the introduction of larger main service pipes.—1-in. and $\frac{3}{4}$-in. diameter pipes replacing the original $\frac{1}{2}$-in. diameter services.

SINKS.

107 sinks with water taps and waste fittings complete have been introduced into 42 different properties, the tenants of which had previously drawn their supply from outside sources.

There is still a considerable number of occupied dwelling-houses, more especially attic flats, where an interior water supply is as yet non-existent, but these are being steadily reduced.

The Scottish Board of Health ask that the Sanitary Inspector include in his Annual Report:—
"The number of houses without water supply and sink inside the house."

At the close of the year this information was not available. For this purpose a survey of the City is being made, and the particulars gathered, along with other statistics required by the Board.

Scavenging and General Nuisances.

SCAVENGING.

The scavenging of the City has been expeditiously and efficiently carried out by the Superintendent of Cleansing and his Staff, and calls for no special mention in this Report.

NUISANCES.

The petty and recurring nuisances which are always in evidence have occupied the time of the Inspecting Staff detailed for the purpose to an extent equal to any former year. Naturally enough the drainage systems of the older properties show signs of the scant repair or renewal attention they have been subjected to during the last ten or thereby years, and their working conditions are such that chokages are of more frequent occurrence; repair work on a large scale, in instances total renewal of systems, have had to be called for. Many nuisances of different characters, trifling at the commencing period, unless they are immediately abated and removed, assume proportions far reaching and with disastrous results to the health of the community. It is the object and duty of this Department to get at these nuisances in the early stages, and through the assistance of the Police Officers, the Cleansing Staff, and other employees of the Corporation whose duties relate to property visitation, this Department is kept informed, and we are happily, in most instances, able to get to work prior to any serious danger occurring.

Repeated complaints were received from a residenter in the Lochee Road district anent the Cleansing Department laying down manure on farm land for agricultural purposes. He alleged the miasma therefrom entered his house and pervaded the neighbourhood. The complainer's house was 325 or thereby yards from the source of the alleged nuisance. He also complained of obnoxious odours from the burning of straw mattresses, &c., on the same ground. Owing to the severe and prolonged winter weather, it can be readily understood the difficulties under which farmers were labouring in getting the manure ploughed into the soil. The locus was repeatedly inspected, and the farmer urged to have ploughing operations carried out, but frost and snow intervened. Eventually the complainer laid the particulars before the Scottish Board of Health, and the following is a copy of my report thereon :—

" I beg to report this present complaint is quite in keeping with others we have dealt with from this perennial complainer.

The Superintendent of Cleansing has a standing order to supply 500 loads of town refuse annually for agricultural purposes in the fields attached to Logie Farm.

On the other or north side of the service road marked E. B. on plan, a local cowkeeper has two fields, and the Cleansing Department is fulfilling an order there for 50 loads of town refuse.

On Wednesday, the 21st inst., I, along with the Medical Officer of Health, visited the locus, and found approximately 200 loads on the south side and 20 loads on the north side of the private road E. B.—these dumps being marked A. on the plan.

The complainer's statement as to the source of this refuse so deposited is in accordance with fact, and up to a point as to its ultimate disposal in the fields.

Atmospheric conditions determine more than often just when the spread manure can be ploughed in and the farmer here is not one of these procrastinating kind; rather, anxious to have the work done when opportunity occurs.

Reference to the plan will show that no part of the accumulation of household refuse is within 50 yards of any public road—the nearest public road being approximately 170 yards—reference A. to G.

Admittedly, some unauthorised person, unknown to either the Police or this Department, burnt some bedding material on the 18th May last, and, inter alia, he complained of that then. On personal enquiry the incinerated remains of what probably had been a feather bed was found on the site now occupied by the larger dump. Residenters in the neighbourhood, who were interrogated then, could not confirm complainer's statement as to fetid odours; nor did they witness any such burning—although the evidence of such was apparent with the array of empty tins that had probably held some inflammable substance such as petrol or paraffin.

I am of the opinion, which is concurred in by the Medical Officer of Health, that there is no nuisance which would be injurious or dangerous to health, and therefore no necessity for official action from this Department."

Intimation and latterly a notice were served under the Public Health (Scotland) Act upon the occupier of the land, who replied "he was doing all within his power to have the manure properly used for the purpose it had been laid down, but the weather conditions were such as to render such work an impossibility."

The Board later sent an Inspector to have a meeting and enquiry on the ground at which were present the Convener of Public Health, the Medical Officer of Health and myself.

The subject formed a special discussion at the Meeting of the Public Health Committee at which the Board's Inspector was also present.

Immediately the weather conditions permitted the nuisance was removed. The Public Health Committee ultimately recommended that the Cleansing Superintendent cease supplying the City refuse to farmers within the City area for agricultural purposes. At this Meeting the Board's Inspector outlined various methods of dealing with City refuse, and the Cleansing Superintendent was instructed to make certain experiments, after which the matter would be further gone into.

A petition, signed by some 30 residenters in the Lintrathen Gardens district, anent a tar mixing plant installed in that neighbourhood, was also dealt with in the course of the year.

The petitioners complained of the fumes and smoke from the works permeating the houses and affecting the food stuffs and clothing—also the latter when hung out to dry. They also complained of the noise from and the rumbling of machinery.

The works as erected were only of a temporary nature, and were used in connection with road, or street repair contracts received by the firm from the Corporation. The venue and works were inspected by the Medical Officer of Health and myself, when we did not consider the presence of the plant and the business as carried on to be a "nuisance" as coming within the meaning of the Public Health Acts, although a certain amount of irritation might be caused. The matter was taken up with the firm, who immediately agreed to; (a) erect a 40 feet steel smoke stalk for the purpose of carrying the smoke and fumes over the tops of the houses, at a cost of £100; (b) silence the engine to prevent exhaust noise, and (c) instal a wooden bed for the machinery, instead of concrete, in order to eliminate vibration and noise: and, in short, do what they could within reason in order that the residenters in the locality suffer as little inconvenience as possible.

These alterations answered the purpose aimed at. The firm, however, removed their plant after completing their road, &c., contracts, in the middle of June.

A complaint was lodged regarding a nuisance from a cesspool in the west end of Lochee. After an enquiry it was discovered a whole Terrace of five houses was implicated. The waste water from the washing houses of three of the dwellings and the soil and waste from two houses were being drained into four cesspools and the overflow therefrom was flooding the garden grounds adjoining. It was found the premises so drained were below the level of the nearest sewer. The circumstances were brought under the notice of the City Engineer, who had the sewer extended west some 300 yards, thus allowing the five houses to have connections made thereto and the cesspools demolished.

Under the head of nuisance discovery, the Inspectors made 74,411 visits in the course of which 14,077 nuisances were found, and steps taken for their removal.

Whitewashing or Painting of Common Stairs and Passages.

At the beginning of August 83 notices were served upon the owners or agents of property entered by common stairs and passages to have these white-washed or oil painted. Previous to this, however, the property owners and factors were advised either verbally or by letter that work of this nature where necessary must be carried out early in the summer. With very few exceptions (where reasons for the delay was in evidence) all have been complied with.

The giving out on loan of white-wash brushes to the occupiers of dwelling-houses has been taken full advantage of, perhaps more so than during recent years owing to the high prices of brushes for the purpose. 4237 brushes have been thus given out to clean some 8,123 rooms.

Stables

Are in most instances in a good, clean, and comfortable condition, and have been, where instructions were given by the Inspectors, lime-washed. There are 450 of these, and to them 1,048 visits of inspection were made.

Piggeries.

The new Bye-Laws regulating the business of a Pig Keeper, drafted and submitted to the Town Council some time ago, came into operation, after being approved of by the Scottish Board of Health, and are now in course of being put into force. These regulate :—

1. The construction of Pig Stys.
2. The places in which Pig Stys may be erected.
3. The mode of cleansing Pig Stys at proper intervals.

The penalty for infringement of the Bye-Laws is not exceeding £5 for each breach, and in the case of a continuing offence a further penalty of not exceeding 40/- for each day after written notice of the offence from the Local Authority. Copies of these Bye-Laws have been served upon every pig owner.

We have 149 piggeries within the City, housing 1,106 pigs, and for their supervision 805 inspections were made.

In the early part of the year a serious outbreak of swine fever occurred amongst our largest herd situated in the west end. Over 200 animals were involved — the total herd having to be slaughtered. About 50 per cent. were in good condition and passed by the Veterinary Inspector for sale as fit for human food.

The drainage of a large piggery, together with the buildings in connection therewith, situated within the ground acquired through recent extention of the boundaries, was found to be in a defective and insanitary state. The conditions prevailing were inspected by the Medical Officer of Health and myself, after which the attention of the owners was drawn thereto by letter. As a result new and properly equipped and constructed stys have been erected. New drainage with an outfall into a small septic tank has also been introduced, the yard reconstructed and levelled up, along with the provision of a properly built dung-stance.

Complaints.

2,878 complaints regarding nuisances, &c., were made at the Office—all of which have received attention. This number is a considerable increase over that of last year. On careful enquiry, however, 164 of these were found to be absolutely groundless, whilst quite a number were frivolous, showing little cause for action by the Department.

Statutory Intimations or Notices.

Under our Local Acts, the Public Health (Scotland) Act or other Acts which fall to be given effect to by the Department, there were 14,173 intimations or notices (written or verbal) served or given, and under Section 20 of the Public Health (Scotland) Act 6 statutory notices, as authorised by the Public Health Committee as the Local Authority, to owners or factors of properties or other authors of nuisances—all of which have received or are now in course of receiving attention.

Infectious Diseases and Disinfection.

Visits of enquiry numbered 13,609, whilst 1,655 patients were removed to King's Cross Hospital. 107 of the enquiry visits were to vermin-infested houses. No contacts for infectious disease were removed to the Reception House in Fleuchar Street. Under Sections 50 and 53 of the Public Health (Scotland) Act, 5,978 notices were served upon householders directing their attention to the terms of these Sections relative to the prevention of the spread of infectious disease. 7,591 intimations were sent to the Education Authorities, school teachers, &c., preventing the attendance of school children. Houses or premises disinfected numbered 2,228, whilst 2,539 sets of clothing, bedding, &c., were disinfected, or where special authority was given by the owner, destroyed..

1,444 bales of jute for shipment to the Argentine, &c., were disinfected, and certificates to allow of exportation granted therefor.

The Municipal Dispensary was disinfected on one occasion each month.

Fuller details and statistics under this head are given in the Report of the Medical Officer of Health.

Plans submitted to the Works Committee.

Plans of sanitary improvements on properties (for which this Department is primarily responsible) before being submitted to this Committee are examined by me.

On several occasions objections were lodged to their being passed as submitted, and declarations were placed upon them or the Plans withdrawn after the properties had been re-visited by the responsible Officials.

Drainage and Structural Work.

The undernoted materials have been used in connection with the sanitary improvement of 159 properties during the year:—

144 Water-closets.
107 Sinks.
14 Baths.
43 Lavatory Basins.
37 Wash Tubs.
1,182 feet of Soil Pipe.
839 feet of Flushing Pipe.
8,936 feet of Water Pipe.
2,598 feet of Waste Pipe.
1,595 feet of Vent Pipe.
833 feet of Cast Iron Drain Piping.
33 Cast Iron Traps for same.

Water Closets.

144 W.C.'s with their complete equipment of fittings such as water waste preventing cisterns, soil and vent pipes, &c., have been provided during the year. Of these 41 have replaced dilapidated, insanitary fittings in dwelling-houses and 23 in outside positions such as on stairs, in courts or passages, &c., and 5 in workplaces.

New W.C.'s have been introduced into 9 dwelling-houses, 12 into workplaces, and 11 into outside positions, while 26 additional have been provided where the existing accommodation was held to be insufficient.

3 have been introduced into offices and 3 into sale shops; 2 also being renewed, viz. :—1 in an office and 1 in a sale shop.

One institution had 3 of its W.C.'s. renewed, and one had 5 additional introduced; one in a common lodging-house was renewed and placed in a more convenient position.

Structural work and improvements of the above description were carried out at the sight of the Department's Plumber Inspector, who made 1,603 visits whilst the work was in course.

Water Closets, Earth Closets, Privies and Privy Middens.

The Scottish Board of Health in their circular-letter of date the 1st September last, intimates that, inter alia, to be included in the Annual Report by the Sanitary Inspector are . . . "particulars as to (1) the number of common water-closets in use in the Burgh, showing separately the number serving 2, 3, 4 and 5 or more tenants respectively; and the number of (a) dry closets; (b) privy middens, and (c) ashpits, showing for each separately the number serving 2, 3, 4 and 5 or more tenants respectively.

If the present records of the Sanitary Inspector do not include these particulars, a survey of the Burgh should be undertaken for the purpose as time permits. Where necessary the Burgh might be surveyed in sections commencing with the worst, and the Sanitary Inspector should report to the Local Authority on each section as its survey is completed."

In large cities this is, of course, a huge task, and the details can only be collected after extensive statistical work entailing a vast amount of time. In the older and most densely built on districts in Dundee, where the properties were erected long before water-closets were deemed essential, it may be said that 100 per cent. of the now water closet accommodation is on the "used in common" method. In the provision of these conveniences space and the particular construction and situation of the buildings had to be taken into account—the closets erected in positions most suitable and convenient for the occupiers, with the least number of tenants to each, or most adaptable for the buildings.

It is now over a quarter of a century (shortly after the passing of the Public Health (Scotland) Act, 1897) since the question of sanitary accommodation at properties all over the City was taken in hand, and an active crusade instituted for the provision of more water closets at individual properties where the existing accommodation was considered insufficient, or where there was no such accommodation, or at properties where the accommodation consisted of privies, privy middens or earth closets. Since then I find 8,076 fully equipped water-closets were provided at 1,281 properties at an expense of close on £92,000 to the owners. That, of course, deals solely with properties built prior to that period. At buildings erected since then water-closets for each house or stalks of water-closets common to 2 or 3 tenants (not more) have been insisted upon.

Water-closets used in common have always been, and will still continue to be, sources of frequent and recurring nuisances, — nuisances mayhap paltry, occasioned through the neglect or wilful destruction by the tenants, yet if left alone for a period of time, would develop into serious menaces to the health, not only of the persons resident in the immediate neighbourhood, but to the general community. One tenant may be careful — the others careless, and the difficulty is to locate the offender. Thus it may develop into a prosecution against all the tenants entitled to use the convenience—the innocent suffering along with the guilty.

Our ideal in connection with water-closet accommodation is, of course, one such convenience for every household so that each tenant would be held responsible for the proper use and cleanliness of same. However laudable an ambition I rather fear for the old properties in Dundee, already provided with W.C.'s. in common, it is a dream of the far away future--yet an aim not perhaps impossible—although financially prohibitive. Then the question really resolves itself into the number of tenants permissable to one water-closet. The meaning of the words "sufficient water-closet accommodation" has not yet been legally solved or defined. It is a definition that must be arrived at ere unanimity of action can take place. If we are told 2 tenants are the maximum—then we know where we are. Up to the present it has been left to the Sanitary Inspector and his Local Authority to decide the necessities of their own district. One water-closet to two tenants may be deemed insufficient when we consider the position Dundee now occupies through house shortage and houses occupied by members of two or more separate families. Persons per closet cannot be worked as the population come to-day and go to-morrow. Legal and definite enlightenment would be of great service to the Sanitary Inspector in his duties in calling for "sufficient water-closet accommodation." That may come some day.

The particulars desired by the Board under the head of water-closets and ashpits are not available for inclusion in this report. A survey start is to be made early in 1926, when Ward 6 will be overtaken as time permits with the present staff. This Ward is looked upon as one of the worst. In next year's report I hope to be in a position to give the desired particulars, if not for the whole City, at least a few of the Wards.

Again, Dundee may be looked upon as a 100 per cent. city, almost, in regard to its sanitary conveniences being on the water carriage system. Thus, I am in a position to give the short list of the properties served either by earth closets, privies or privy middens Practically these conveniences are all on the outskirts of the City (brought in through extension of the boundaries) where little or no harm can accrue from their use (they are the main conveniences in the country), and in instances cannot at the moment be substituted by water-closets, owing to the lack of sewerage facilities. The Department is not, however, overlooking the subject, and as opportunity occurs the conversion into water-closets will be insisted upon.

During the last five years 57 water-closets have been provided at 53 separate properties where the privy was the only accommodation.

LIST OF PROPERTIES SERVED BY PRIVIES, EARTH CLOSETS, &c., REFERRED TO ABOVE.

District One.

Ward.	SITUATION.	NUMBER OF		TO SERVE.		
		Privies or Earth Closets.	Privy Middens.	No. of Households.	Persons.	
					M.	F.
5	Easter Clepington	2	...	2	5	3
5	Dighty Toll (East)	2	...	2	5	5
5	Dighty Toll House	1	..	1	3	5
5	Old Manse Mains	1	...	1	4	6
5	Castle Mains (Rangers Houses)	...	2	2	4	3
5	Castle Mains (North House)	1	...	1	1	3
5	Claverhouse Dairy	...	1	1	2	3
5	Claverhouse (Cottage)	1	...	1	1	2
5	Balgray Farm House	1	...	1	..	1
5	Balgray Farm, Cotton	2	...	2	6	4
5	Old Glamis Road (Rangers Houses)	2	...	2	7	6
5	The Manse (Lodge)	1	...	1	...	2
5	Easter Kirkton (Hamlet)	3	...	5	8	7
5	Kirkgate Mains	1	...	1	1	2
5	Trottick, N.W Cottages	2	...	6	10	11
5	,, N. ,,	2	...	6	9	11
5	,, N.E. ,,	2	...	5	12	14
5	,, N.E. ,,	1	...	1	2	3
5	,, S. ,,	2	...	6	10	11
7	Balmuir Cottage	1	...	1	3	3
7	Balmuir Smithy	1	...	1	2	..
7	Magdalene's Kirkton, Cotton	1	...	1	4	2
7	West March Farm	...	1	1	2	4
7	Balmuir, Cotton	1	...	1	2	3
7	Harestane Mill	...	1	2	2	4
7	Harestane Cottage	1	..	1	...	3
7	South Baldovan Farm	1	...	1	1	2
7	East Pitempton	1	...	1	2	2
7	Pitempton	2	..	2	2	2
7	Pitempton Cottages	2	...	2	2	5
7	517 Strathmartine Road	1	...	1	1	5
7	Station Cottage, Cox Street	1	...	1	4	3
7	458 Strathmartine Road	1	...	1	...	3
7	West Kirkton Cottages, Kirkton Rd.	2	...	5	8	12

District Two.

Ward.	Situation.	Number of		To Serve		
		Privies or Earth Closets.	Privy Middens	No. of Households.	Persons. M.	Persons. F.
3	Backhill of Balgay	1	...	3	6	4
3	Balfield Farm House and Bothy	...	1	2	9	3
3	Balfield, Cotton	2	...	2	8	8
3	King's Cross Cottar Houses	2	...	2	3	6

District Three.

9	Blackness Nursery (Cottages)	2	...	2	9	4

District Four.

1	125 Ferry Road	2	...	2	2	2
1	Strips of Craigie Road, Chaffeur's House	1	...	1	1	2
1	123 Arbroath Road	1	...	1	3	1
1	251 Arbroath Road	1	...	1	4	5
4	Bingham Terrace (Gallowhill)	1	...	1	3	3
4	168 Arbroath Road	1	...	1	3	4
10	208-210 Arbroath Road	...	2	2	3	5
10	399 Arbroath Road (Craigie North Lodge)	1	...	1	4	2
10	Gotterstone Cottar Houses (North)	...	5	5	17	11
10	do. do. do. (South)	2	...	2	6	7
10	W. Balgillo Dairy (Kennedy)	1	...	1	4	2
10	do. do. (Ogilvie)	1	...	1	2	2
10	51 Forthill Road	1	...	1	2	1
11	52 do. do. (McQuarrie's Houses)	3	...	3	6	5
11	Forthill Feus (Geekie)	1	...	1	2	2
11	Balgillo Road (Watt)	1	...	1	2	1
11	do. do. (Keillor)	1	...	1	4	4
11	do do. (Grimmond)	1	...	1	2	1
11	East Balgillo Cottar House	1	...	1	3	1
11	do. do. do. do.	1	...	1	2	3
11	Barnhill Farm (Grieve's House)	1	...	1	1	2

Ashpits and Ashbins.

The question of the removal of ashpits and the provision of ashbins in their stead has occupied the attention of the Town Council at several meetings throughout the year. It is admitted ashpits are not the most up-to-date method of refuse, &c., storage. If, however, they are kept as they should be the objection to them would be considerably minimised.

Ashpits ought to be provided with efficient flushing appliances so that the scavenger could at each time of emptying thoroughly cleanse the walls and bottom of the structure. Add to that proper drainage, and, during the warm weather, sprinkling with disinfectant would produce the lowest minimum of nuisance, besides the work of emptying would be less objectionable.

It has been the effort of this Department for many years to insist upon the removal of all structures which are in a dilapidated condition, or unsuitable for the purpose, and have ashbins substituted therefor. During 1925 there were 40 ashpits removed and replaced by 82 ashbins.

To show our legal position in the removal of ashpits, I give below a copy of the section this Department presently works under. Section 77 of "The Dundee Corporation Order Confirmation Act, 1907"—" The Corporation may, by notice in writing, require the owner or occupier of any dwelling-house to provide galvanised iron dust-bins to be used in lieu of ashpits for the reception of ashes and other dry refuse, and such bins shall be of such size and construction as may be approved by the Corporation and set out in such notice; and any such owner or occupier who fails within **fourteen days** after notice given to him to comply with the requirements of the Corporation shall, for every such offence, be subject to a penalty not exceeding twenty shillings, and to a daily penalty not exceeding five shillings. **Provided that this Section shall not apply to any dust-bins or ashpits in use at the commencement of this Order, so long as the same are, in the opinion of the Corporation, of suitable size and construction and in proper order and condition."**

Section 78 (here given) of the same Act deals with the depositing of sewage or other liquid in ashpits or ashbins by the occupiers of property:—

" No sewage water or other liquid shall be put or introduced or deposited in any ashpit, dust-bin, or other receptacle for ashes and dry refuse, and the occupant of the premises to which such ashpit, dust-bin, or receptacle is attached or belongs, or any other person contravening this enactment, shall be liable to a penalty not exceeding Five Shillings."

Unfortunately the occupiers of many properties do not rigidly adhere to the terms of this section. It is a common occurrence to find excreta and foul water deposited both in ashpits and ashbins. It does not require much imagination to understand the serious nuisances which will arise under such conditions when the drain of an ashpit becomes choked, as frequently occurs. Through the same cause the ashbin is thrown all too early out of usefulness, and we have time and again to call upon proprietors to renew same.

The tenants are undoubtedly largely to blame for this continual upkeep charges which owners of property have to meet.

The Officers of this Department almost daily warn tenants anent the abuse of these conveniences.

Prosecutions ought to be instituted, but the difficulty is to obtain sufficient evidence against the actual culprit or culprits to convict, as the offences occur at buildings where the receptacles are used in common by the whole occupants of a tenement.

Back Courts, Areas, Footways, &c.

Section 21 of the Burgh Police (Scotland) Act, 1903, which was adopted by the Town Council of Dundee, is a valuable asset to this Department in the maintaining of these in the least objectionable condition. Through its provisions we call upon the owners or agents of property to pave or repave or repair back courts, &c., so that they can be thoroughly cleansed by water flush, the paving being laid with a gradient of 1″ in 48″ to surface traps or cesspools to carry off the rain or flush water.

In the paving anew or upkeep 6,729 square feet of pavement flags, concrete, or other impervious material were laid down at private properties.

Tents and Vans.

These were in evidence fairly well all over the City, but their stay in the majority of cases was of short duration.

A large Carnival was held in the Gussie Park from 3rd to 17th August, when about 30 showmen, with their vans and shows, occupied the ground. One section of the Carnival consisted of a small menagerie and circus. Proper arrangements were made for the daily removal of all refuse, &c., so that absolutely no call for interference on our part arose.

One van took up a position at Harcourt Street, with a population comprising the owner, his wife, and four juveniles. The location was obtained through a sub-let from the original tenant and unknown to the owner of the ground. No sanitary accommodation of any kind is provided. The matter was taken up with the ground owner, who is endeavouring to get the original tenant out; and thus we hope to get these van-dwellers into a more suitable location.

A van, occupied by the owner, took up position on spare ground belonging to a football club. Here also there is no sanitary accommodation, but arrangements are in course for the use of an adjoining w.c. being obtained.

Several caravans were in residence for a week or so at the Castle Green Broughty Ferry. One, occupied by a " society palmist," extended the residence for a couple of months, arrangements being made for the removal of refuse, &c. Other vans were located in the west end for a week or two.

These were inspected periodically, and found internally in a cleanly state (121 visits being made), whilst the environments were kept as satisfactory as possible. The occupiers take a great interest in the spic and span keeping of their peregrinating homes—in fact, these vans are more healthy than many of the permanent buildings used as dwelling-houses in the congested parts of the City.

Schools.

The Education Department's Officials see that the structures and sanitary appliances are in good condition and working order; well equipped; kept in a healthy, clean state, and they need no criticism here.

Factories and Workshops

The usual routine inspection of these brought to light no feature out of the ordinary run worthy of mention in this Report. The premises generally are clean and satisfactory, and the conditions under which the workers carry through their duties are on the whole as good as can reasonably be expected. The mill owners and occupiers of factories and workshops of to-day take a far greater interest in the hygienic conditions under which their employees work than that of a quarter of a century ago. Any small irregularities the Inspectors discovered in the course of their 1046 visits were promptly put right. One complaint anent the unsuitable and insanitary condition of the w.c. at a workshop was made by H.M. Inspector of Factories and Workshops. The workshop was visited, and in due course a suitable and modern water closet was erected.

Insufficiencies of means of escape in case of fire are now under the charge of the Firemaster and dealt with by that official.

The following Workshops, &c., are upon the Register at 31st December, 1925:—

TRADE OR BUSINESS.	Workshops	Domestic Workshops	Homework	**Workplaces**
Basket Makers, Feather Dressers, and Bedding Manufacturers	1	0	0	0
Blacksmiths, Cartwrights and Carriage Builders	21	0	0	1
Blacking and Chemical Manufacturers ...	2	0	0	0
Boot Repairers	74	6	0	0
Brush Makers	1	0	0	0
Cabinetmakers, Joiners, and French Polishers	74	0	0	1
Cycle and Motor Mechanics, Enamellers and Vulcanisers	26	1	0	0
Dental Mechanics	33	7	0	0
Dress, Mantle, and Corset Makers ...	57	32	0	0
Engineers	2	0	0	0
Electro - Platers, Wire Workers, Blind Makers and Bellhangers	3	0	0	0
Florists	0	0	0	10
Furriers	6	1	0	0
Glaziers	3	0	0	0
Granite and Marble Cutters, and Masons	0	0	0	32
Hairdressers and Wigmakers	0	0	0	91
Hosiers and Knitters	3	3	0	0
Hotels and Restaurants	0	0	0	39
Laundries	1	2	0	1
Milliners	41	1	0	0
Painters	0	0	0	56

Photographers	17	0	0	0
Piano and Gramophone Repairers ...	8	0	0	0
Picture Framers, Carvers and Gilders ...	5	0	0	0
Plasterers	0	0	0	15
Plumbers and Tinsmiths	57	1	0	0
Saddlers and Leather Cutters	15	0	0	0
Sewing Machine and Wringer Repairers	1	0	0	0
Slaters	0	0	0	20
Stamp Cutters, Engravers and Ticket Writers	3	0	0	0
Sugar Boilers	10	0	0	0
Tailors	74	10	5	0
Umbrella Makers and Repairers	4	0	0	0
Underclothing, Baby Linen and Blouse Makers	44	1	1	0
Upholsterers and Carpet Sewers	13	0	0	2
Waste, Rag and Metal Merchants ...	0	0	0	11
Watch and Jewellery Repairers and Opticians	38	5	0	0
Weighing Machine and Scale Makers ...	4	0	0	0
Miscellaneous, i.e., Gut Manufacturer, Mica Makers, Clay Pipe Makers, Paper Bag Makers, Bottlers, Potted Meat Manufacturers, Oil Refiners, Manufacturing Chemists, Sack Repairers, &c.	38	1	0	7
Totals	679	71	6	286

Bakehouses.

On the Register there are 11 factory and 7 workshop underground bakehouses, certified as suitable in terms of Section 101 of the Factory and Workshop Act of 1901

One new workshop was opened during the year. and at 31st December, 1925. the Register of Bakehouses showed the following figures :—

60 factory bakehouses,
37 workshop bakehouses in use and occupation as such; and
6 unoccupied bakehouses of which two are "underground."

In this latter category the premises generally are in very poor repair, and scarcely worth the expense of making them suitable as bakehouses to pass the standard now demanded in this class of workshop.

The bakehouses have (with one exception) been oil painted, or whitewashed twice, throughout the year; and in their supervision 707 visits were made.

Two complaints were received from H.M. Inspector of Factories regarding bakehouses found to be (in his opinion) in a dirty state on his visits. These were attended to.

At the instigation of the Medical Officer of Health, the occupier of a bakehouse who persisted in keeping the premises in a dirty and filthy state, ignoring the many requests to clean up, was reported to the Procurator Fiscal. He was found guilty, and the case continued till June, 1926. Fuller details will be found in the Report of the Medical Officer.

Common Lodging-Houses.

At the commencement of the year the only Registered Common Lodging House was situated at No. 18 Peter Street, with accommodation for 21½ lodgers, and to them 201 visits were made by day and 8 by night.

With the advent of the "Dundee Corporation and Water and Gas Order Confirmation Act, 1925," eight additional houses then registered as Houses Let in Lodgings came within the scope of "Common Lodging House."

Prior to registration in May, the whole of these premises were visited and inspected and specially reported upon to the Public Health Committee. In a number of cases extensive repairs, improvements or additions were called for, these principally being :—

Additional water closet accommodation.

Ablution and washing of clothes accommodation.

Proper provision made for the separation of the sexes.

Single beds in place of double ones, &c.

These recommendations have been given effect to. In addition, certain apartments, which were not up to the standard, were discontinued for use as sleeping rooms and are now being used for storage only.

To the layman, this alteration from the registration as "Houses let in Lodgings" to that of "Common Lodging Houses" may appear to be of no significance, merely the use of an alternative term—

but it has a far-reaching beneficial effect. In the case of Houses let in Lodgings mixing of the sexes (husband and wife and children under 10 years of age) is quite permissible and the imagination does not require overstretching to know that "marriage certificates" are not there to be produced in a great number of the "doubles." Such conditions cannot prevail under Common Lodging House registration—Section 5 of our Bye-Laws, which is as follows, prevents this—

> "The Keeper of a Common Lodging House shall not permit males and females above ten years of age to occupy the same sleeping apartment."

One house was given up during the year, the owners of the property having perforce to go in for a large extension to their workshops and business premises.

At the end of 1925 there were 8 houses within the Burgh registered with accommodation for 1,184 sleepers, and these are in a clean and wholesome condition. There are at times instances when a dirty lodger upsets the equanimity of an establishment, but keepers soon become alert to "who's who," such as vermin - infested, methylated spirit drinkers or noted undesirables, and should any such person make application for a bed, he is generally turned away, as the keepers do not care for this class of lodger.

The accommodation, although well taken advantage of, was not over-taxed. The premises, with the registered accommodation, are as follows :—

55	Commercial Street	242 Lodgers.
2/3	Craig Street	137 ,,
19	Overgate	36 ,,
43	Overgate	39½ ,,
25	North Lindsay Street	56½ ,,
*130	Overgate	38 ,,
*77	Overgate	34 ,,
*97	Overgate	91 ,,

Those marked * have accommodation for both male and female lodgers.

Housing of Seasonal Workers.

Most of the workers employed under this head are usually housed within the Town, and are daily conveyed to work in the fields by motor lorry.

Intimations were sent to all the farmers within the City area bringing to their notice the terms of the Bye-Laws relative to Seasonal Workers. Attention is directed to the separation of sexes, clean bedding, accommodation, and culinary and cooking arrangements. On the whole this class of work may be considered as being carried on under conditions in keeping with the present requirements.

The report on

Housing

for the year 1925 was issued in January last. Copies were sent to the Scottish Board of Health, the Members of the Town Council, Chief Officials, &c. It embodied all the available particulars up to the 31st December last, showing in detail the housing position with us, and the various points were commented upon.

The following table as required by the Scottish Board of Health is here given in full :—

(a) Housing (Inspection of District) Regulations, 1910.

1.	Number of dwelling-houses inspected ...	415
2.	Number of dwelling-houses which on inspection were considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	151 Including 80 in Blue Mountains Improvement Scheme.
3.	Number of representations made to the Local Authority with a view to the making of closing orders	13 Including one representation applicable to Blue Mountains Improvement Scheme.
4.	Number of dwelling-houses in respect of which closing orders were made	144 Includes 80 in answer No. 2.
5.	Number of dwelling-houses the defects in which were remedied without either the making of closing orders or the service of notices under Section 3 (1) of the Housing (Scotland) Act, 1925	131
6.	Number of dwelling-houses which, after the making of closing orders were put into a fit state for human habitation ...	Nil.

(b) Housing (Scotland) Act, 1925.

1. Number of dwelling-houses in respect of which notices were served under Section 3 (1) 3
2. Number of dwelling-houses rendered fit for human habitation under Section 3 (1) Nil.
3. Number of dwelling-houses in respect of which closing orders were deemed to have become operative under Section 3 (1) ... 2
4. Number of dwelling-houses rendered fit for human habitation by the Local Authority under Section 3 (2) ... ... Nil.
5. Number of cases where intimations were given under Section 20 (1) as to insufficient water-closet accommodation:—
    - (a) cases where requirement complied with by owners ... ...
    - (b) cases where works carried out by Local Authority after failure of owners to do so ... ...
    - (c) cases still pending ... ...

   These provisions do not apply in Burghs.
6. Number of houses of (a) one apartment, and (b) two apartments for the erection of which the consent of the Local Authority has been given in terms of Section 111 ... (a) & (b) Nil.

(c) Housing, Town Planning, &c., (Scotland) Act, 1919.

1. Number of cases where notices were served under Section 40 (1) to provide dwelling-houses with water supply:—
    - (a) cases where requirements complied with by owners ... ...
    - (b) cases where works carried out by Local Authority after failure of owners to do so ... ...
    - (c) cases still pending ... ...

   These provisions do not apply in Burghs.

Note:—Any general information or observations as to the character of defects usually found to exist, or as to the work of inspection, should be entered in the space below:—

Inadequate lighting and ventilation; houses not provided with sinks and inside water supply; insufficient water-closet accommodation; damp walls and floors; insufficient ashpit or ashbin accommodation; and open spaces around the buildings restricted.

All along I have advocated the method of "rising up the scale," i.e., those who require larger and more suitable houses, able to pay the rent, and reside at a distance from their work, should receive first consideration along with the houseless proper, and obtain such accommodation necessary for their requirements. This leaves houses of the older order, yet fit for habitation, for the tenants not equal for the higher rent of the newer buildings, and, at the same time, allow them to remain in the vicinity of their employment.

In the Housing Report I emphasised the excessive amount of overcrowding, the sex intermingling in nightly sleep rampant within the City in .

Houses Let in Lodgings.

In this report I can indicate no easing of the situation. Herewith are given a few samples (taken at random) which the Inspectors have come across in the course of their duties :—

No. 1—A husband wife and five of a family (two sons ages 21 and 11 years and two daughters ages 19 and 8 years) occupying a two-roomed house. The kitchen, with one bed, is occupied by the mother and two daughters at night. Cubic space 821 feet—equal to two adults only.

The room is occupied by the father and two sons. Cubic space 1,026 feet—equal to two adults and one juvenile.

This may be looked upon as, under present circumstances, not excessive overcrowding or inimical to health, but when we realise the fact that the father, an army pensioner, has been suffering from tuberculosis since 1918, it will considerably alter the sphere of thought. Here we have a man affected with the "White Man's Plague," who ought, throughout the last seven years, to have been entirely isolated, **during the night at least,** sleeping with his two sons. Need we wonder under conditions such as these at the spread of the disease. Rather, the marvel is that those who are fighting for its elimination are making headway.

The financial conditions are :—

Father (Army Pensioner)	£1	10	0	with
Allowance for youngest boy	0	5	0	
Wife—Millworker	1	10	0	
Son do.	1	15	0	
Daughter do.	1	12	0	
Total income ...	£6	12	0	

The occupier is striving to secure a house of three rooms—for which he is quite able and willing to pay—wherein some degree of comfort can be attained.

No. 2—A husband (aged 43), wife (aged 44), four sons (ages 21, 11, 9 and 1 years), and two daughters (ages 15 and 13 years)—eight persons in all.

They live in a single roomed house, the cubic space of which is 1,443 feet. The cubic space required is 2,800 feet, thus being overcrowded to the extent of 1,357 feet, equal to fully 3 adult persons.

The financial conditions are:—

Father—Unemployed (on the Bureau)	£1	2	0	per wk.
Mother—a Spinner	1	17	1	,,
Son—a Sawmill Labourer	1	11	3	,,
Daughter—a Bobbin Shifter	0	19	9	,,
Total income ...	£5	10	1	,,

Here we have not the slightest possibility of sex separation. The occupier is anxious to bring up his family under conditions of at least decency, wants a larger house, and has failed in his search.

The following is a specimen very often met with—

No. 3—A husband (aged 41), wife (aged 40), and six of a family—four of whom are under 10 years of age. Living in a single room, the space of which is 1,433 cubic feet. The necessary feet required is 2,400—a deficiency of two adult persons.

The sole income is—

Father—Jute Preparer	£1	19	0
Mother—a Bobbin Shifter	1	7	0

Four of the family are at school and two are under that age.

In this instance, a larger house is desired, but the income is not equal to the high rent call.

As I have stated in former reports, until the house supply is equal to the demand and at rents with which these people can cope, the Law anent overcrowding and sex separation cannot be enforced.

To houses let in lodgings or weekly let houses, &c., there were 313 visits made by day and 415 by night.

So far as cleansing was concerned, they were found mostly in quite a satisfactory state, and any recommendations made by the Inspectors were given effect to.

Seamen's Boarding-House,

with 63 beds for seaman or selected boarders, and the **Salvation Army Home and Metropole for Women,** with sleeping accommodation for 180 persons, have both been taken full advantage of during the year, and kept in a very satisfactory, clean, and comfortable condition, and answer well the purposes for which they serve.

The Rent and Mortgage Interest Restriction Acts, 1920 and 1923.

Applications made		4
Granted	3	
Refused	1	

One tenant who was sued in Court by the proprietor for the increases of rent permitted under the Acts, and which he had been refusing to pay until the house was thoroughly repaired, produced the Certificate of the Sanitary Authority, and the Court confirmed the tenant's action by giving a verdict against the proprietor. Of the other Certificates granted—one tenant had the house repaired to his and our satisfaction, and the other has removed to a new address.

Dairies, Cowsheds and Milkshops.

Cowsheds.—The various byres and cowsheds, numbering 56, in which were housed, at 31st December, 958 dairying cows, have given little cause for official interference, other than the usual routine inspections to see that the animals, premises and utensils are kept in a cleanly state—in fact, that the business of milk production is carried out under the most hygienic conditions. Proper and systematic grooming of the cows is insisted upon, and also that the milkers or others employed in the handling and distribution of the milk are cleanly in person. In the latter phase there is still room for improvement. Several of the byres may perhaps be looked upon as of old construction and confined in situation. In no case was it necessary to adopt legal action to have any of the Department's requirements given effect to.

At several premises structural improvements were carried out by having:—walls raised; building re-roofed; courts and approaches re-paved or re-blocked, &c., &c.

The Milkshops from where the milk is sold by retail are under a steady and stringent system of inspection to see that the conditions under which the milk is stored are such as to render immunity from contamination through the other articles stocked, &c., as far as possible. It would, undoubtedly be a step in the right direction if the sale of milk could be restricted to shops reserved solely for that commodity. At the present time groceries of every description, vegetables, green groceries, firewood, paraffin, &c., are stocked and sold along with milk, and unless the vessels containing the latter are kept securely covered (except at times of sales) there is no doubt contamination of a kind is liable.

In the supervision of dairies, cowsheds and milkshops 3,571 visits were made.

In terms of the Milk and Dairies (Amendment) Act, 1922, the Registers pertaining to (1) Producers, and (2) Retail Purveyors of Milk within the Burgh now stand as follows:—

PRODUCERS.

On Register 1st January, 1925	57
Added during the year	6
Removed during the year	7.
Total at 31st December, 1925	56

made up as follows:—

Producers (also registered as Retail Purveyors)	54
Producers (Wholesale only)	2

RETAIL PURVEYORS.

On Register 1st January, 1925	829
Added during the year	166
Removed during the year	157
Total at 31st December, 1925	838

made up as follows:—

Purveyors from Shops	703
Producer Purveyors (20 from dairy premises only and 34 from dairy premises and vans on streets)	54

Purveyors from Vans	46
Purveyors resident outwith the City, but Registered to purvey milk within it from Vans	24
Purveyors from Shops or Milkhouses together with vans on streets	11

giving a grand total of Producers and Retail Purveyors as follows:—

On Register at 1st January, 1925	886
Added during the year	172
Removed during the year	164
Total at 31st December, 1925	894

Included in the figures given as Purveyors from shops are 422 whose Registration only covers the sale of Sterilised Milk in Sealed Bottles.

Sterilised Milk.

At the beginning of the year we had 430 persons registered as Purveyors of Sterilised milk in sealed bottles. By the end of 1925 the number was 422.

Milk and Dairies (Scotland) Act, 1914.

The following recommendations, on a report by the Medical Officer of Health, have been adopted by the Town Council.

Inspection of Dairies.—That the Chief Sanitary Inspector be the officer authorised in writing by the Local Authority to inspect dairies as may be required for purposes of the Milk and Dairies (Scotland) Act, 1914, and any Bye-Laws and Orders issued under that Act.

Registers of Dairies and Dairymen.—That the Chief Sanitary Inspector be authorised to keep the registers of dairies and dairymen in terms of the Milk and Dairies (Scotland) Act, 1914, and the Milk and Dairies (Amendment) Act, 1922.

Report on Premises, &c.—That the Medical Officer of Health and the Chief Sanitary Inspector be authorised in writing to prepare jointly the report on premises, &c., which the Local Authority require before considering any application for registration.

Bye-Laws.—That it be remitted to the Town Clerk, the Medical Officer of Health, the Chief Sanitary Inspector, and the Veterinary Inspector to frame draft Bye-Laws for submission to the Public Health Committee.

This is how the above Act (belated in coming into operation—September, 1925)—stands so far as Dundee is concerned. Meantime, steps are being undertaken to have all the persons engaged in the milk trade (producers, wholesale and retail sellers) registered; whilst Bye-Laws to govern the trade or business are being drafted.

Milk and Dairies (Amendment) Act, 1922, and The Milk (Special Designations) Order (Scotland) 1923

At the end of last year there were 26 persons licensed for the sale of Pasteurised Milk, as under :—

2 as Producers and
24 as Retailers.

and the register at the end of 1925 under this head stands

2 Producers and
55 Retailers—a total of 57.

The businesses, both as Producers and Retailers, have been conducted in a satisfactory manner, and the premises kept in good order.

During the year two applications were made for the sale of " Certified Milk " and one for " Grade A. (Tuberculin Tested) Milk." Licenses were granted to these applicants, but by the end of the year the trade in each case was given up.

Neither of these milks seem to have been appreciated by the public. It is a matter for regret that the Grade A. (tuberculin tested) milk has not been taken advantage of in the City. From information which I have received from districts in the county, not far from the City, where plants have been laid down, the results are far from encouraging.

Public Health (Condensed Milk) Regulations (Scotland), 1923.

Sixteen samples were purchased under the above Regulations. In six cases the labelling on the tins was not as required. The composition of the milk, however, conformed to the label. The Local Agent here took the matter up and agreed to collect all the tins of the milk which were on sale in various shops throughout the City, and, together with what was in his stock, have the tins re-labelled so as to conform with the lettering required by the Act. The Scottish Board of Health, in view of a communication received by them from the Commissioners of Customs and Excise stating, inter alia, after the explanation given "that they do not propose to take any further action in the matter," advise the acceptance of the offer made by the Local Agent to re-label the tins in Dundee.

Conveyance of Milk in Carts or other Vehicles.

Section 31 of our Amended Regulations for Dairymen and Purveyors of Milk is as follows:—

"No purveyor of milk, or person selling milk by retail, shall convey, or permit to be conveyed by any cart or other vehicle used in the conveyance or distribution of milk, either while so engaged or at any other time, any article or thing which is of such a nature as to be likely to contaminate the milk."

One dairyman, in the course of his trade of Purveying Milk, persisted in carrying on his lorry along with the milk he was selling on the streets or delivering to customers, potatoes, turnips, vegetables, &c., and refusing to take advantage of the many warnings given by the Inspectors — practically defying them — was latterly reported to the Procurator Fiscal in the Police Court, where, after a lengthy trial, he was found guilty and fined £1.

Milk or other Foods for Bacteriological Examination.

Samples were purchased or taken by the Food Inspectors for bacteriological examination, as follows—

Sweet Milk	73
Tinned Tongue	1
	74

These were submitted to Prof. W. J. Tulloch at the University College, the duly appointed Bacteriologist.

The results of the examination are fully dealt with by the Medical Officer of Health in his Report for the year.

Food Inspection.

FOODSTUFFS ARRIVING AT THE PORT OF DUNDEE, EITHER DIRECTLY FROM ABROAD OR BY COASTWISE TRAFFIC.

The following two tables show the kind and quantity of foods arriving by waterway at the Port during the year.

The total of 39,919 tons 4 cwts., 1 qr., as against 35,368 tons, 12 cwts. last year and 32,535 tons 5 cwt. during 1923.

TABLE No. I.

Shows the foodstuffs arriving coastwise at the Port by steamers plying between Dundee and the Ports of London, Hull, Liverpool, Aberdeen, Newcastle, Belfast, Southampton, Leith, &c., during 1925 :—

	Tons.	Cwts.	Qrs.
Bacon and Ham	48	3	2
Butter	266	13	0
Cereals	149	18	0
Cheese	547	15	1
Cocoa and Cocoa Beans	121	6	1
Chemical Food	1	8	0
Cocoa Butter	4	5	0
Cocoanut, Dessicated Cocoanut and Cocoanut Stearine ...	46	4	1
Coffee	34	11	2
Confectionery	299	12	2
Cordials	0	16	0
Corn Flour	4	14	1
Cream of Tartar	14	4	0
Eggs	5	11	1
Eggs (dried and liquid)	3	15	1
Fish (dried)	28	2	0
Fish (tinned)	152	12	1
Flour	5,699	14	2
Fruit	1,005	13	1
Fruit (dried)	459	18	2
Fruit (pulp)	198	6	3
Fruit (tinned)	219	10	3
Glucose	271	5	2
Lard and Lard Compound ...	475	7	1
Macaroni	2	4	1
Margarine	648	17	1
Meat (tinned)	392	2	0
Milk (dried)	9	19	2
Milk (tinned)	53	10	0

Nuts	53	1	1
Peas and Beans	110	15	1
Pickles, Spices and Condiments	73	6	2
Preserves	251	19	2
Rice	139	4	3
Sago	8	4	0
Semolina	0	15	0
Sugar	614	18	1
Syrup	560	9	3
Tapioca and Tapioca Flour ...	80	19	0
Treacle	315	11	3
Vegetables	685	3	2
Vegetables (tinned)	12	4	3
Vinegar	46	2	1
	14,118	17	1

TABLE No. II.

Shows the amount and kind of foods arriving direct from abroad, for the year ending 31st December, 1925.

	Tons.	Cwts.	Qrs.
Bacon and Ham	0	17	3
Butter	3	10	0
Cereals	2	17	1
Cheese	53	13	0
Cocoa and Cocoa Beans	10	16	0
Cocoa Butter	11	0	0
Cocoanuts, &c.	28	14	0
Confectionery	12	17	2
Eggs	3	5	2
Flour	11,577	18	2
Fruit	93	5	2
Fruit (dried)	28	18	1
Fruit (pulp)	34	7	0
Fruit (tinned)	5	2	2
Glucose	708	14	0
Lard	26	5	1
Meat (tinned)	64	13	1
Milk (dried)	22	12	3
Milk (tinned)	167	19	2
Peas and Beans	158	5	0
Pickles and Spices	0	5	3
Rice	88	4	2
Sugar	11,720	7	3
Treacle	160	18	1
Vegetables	814	18	1
	25,800	7	0
Total for Home Ports (Table I.) ...	14,118	17	1
Total	39,919	4	1

Included in table 1 are 3 tons, 17 cwts., 2 qrs.

of flour found unfit for human food, but allowed out for the making of starch only.

No other section of the cargoes was detained.

Food.

In the Board's Circular (already referred to) it is stated this Report shall contain—

> "Observations on food inspection, unsound food, and the sanitary condition of premises where foods are manufactured, prepared, stored, or exposed for sale, indicating any important respects in which existing powers have been found inadequate for dealing with insanitary conditions at such places."

If we leave out bakeries (which are specially mentioned in this report), jams, jellies, marmalade and confections, which are all manufactured in extensive buildings, up-to-date and fully equipped with all the latest appliances for the hygienic production of first-class materials coming under "Factory" system of inspection, the manufacture and preparation of foods such as potted meat, scone baking, fish and ham curing, sugar boiling, &c., are on a small scale in Dundee, and the premises wherein these businesses are carried on are usually found, on inspection, to be in a cleanly state, well managed and suitable for such work. This Department is more acutely concerned with food shops, and, taking them as a whole, they and the storage accommodation in connection therewith may be looked upon as satisfactory.

As a matter of fact, the only retail traders in food stuffs requiring to be supervised regarding storage are those who sell from stalls or barrows on the streets and in open market places.

In Shore Terrace, where stalls are erected in the open, as a rule two days per week—Fridays and Saturdays—we have purveyors of butcher meat (usually three stalls). The occupiers of these store their meat in premises approved of and registered under the Public Health (Meat) Regulations (Scotland) 1924, belonging to the Dundee Ice and Cold Storage Co., Ltd., situated in Trades Lane. The other foods sold from stalls or barrows consist of fish and fruit. So far as can be ascertained the fish dealers sell out their stock day by day, so that storage for them is practically unnecessary—or at least only of a temporary nature.

Many of the fruit traders in the Markets also own shops throughout the City, and any overplus of the day's workings is taken there overnight. Others, with stalls and barrows only, rent storage in close proximity to the Market where the unsold fruit is taken. This storage accommodation consists of shops —now unused for such a purpose. Although this may not be looked upon as the most desirable accommodation from the view of the surroundings and ventilation, yet generally only fruit such as apples, oranges, bananas, tomatoes, &c., are stored overnight. This storage is clean, and kept in a tidy condition.

These traders make a strong endeavour to have all perishable fruit sold within 12 hours of delivery—rarely buy from the wholesale dealer more than is of certain sale per day. When it comes to evening, if sales are not brisk, prices are reduced to effect a clearance, and this latter phase also applies to fresh fish.

Food Inspection (Shops, Stalls, Barrows, &c.).

The supervision of the food supply of a community of the numbers such as are housed in the City of Dundee naturally occupies an outstanding position in the multifarious duties of this Department. We are expected to be responsible for a clean and wholesome supply of the necessaries of life being produced or laid before the Citizens. If we fail (and I do not think we have) it is not for the lack of a rigid, regular, and systematic shop to shop inspection throughout the City.

The number of individual seizures this year (74) is far in advance of that of last year (44). The commodities taken possession of were mainly decomposed. The list of the various foods seized is given in detail in the appendix to this report, and includes a considerable amount of tinned stuffs.

Thirty barrels of blackberries or brambles (weighing 5 tons, 17 cwts.) arrived in the City, but their condition was so apparently bad that the consignee immediately submitted them to this Department for inspection by the Medical Officer of Health and myself. They were contaminated with the most heterogeneous mass possible to imagine. In the first place, the barrels had originally been used for the storage and conveyance of motor oils, and then, minus the slightest attempt at cleansing, filled with the fruit —the oil plainly visible floating on the surface of the berries or mixed with them. When the barrels were being emptied the Inspectors observed the following mingled with the fruit — corks, cigarette ends, cigarette boxes, rags, small bottles, tin boxes, vegetable and turnip parings, egg shells, waste paper in considerable quantity, and a large onion. **Notwithstanding that the consignors considered they were entitled to half price for the consignment.** Instead, the mass was mixed with ordinary farm manure and despatched to the country to fatten the land.

I am indeed glad to state that unsound fruits in bulk, so far as the manufacturers in Dundee are concerned, are a rarity—never in the history of the Department has such a consignment been delivered to our City, and we trust it is the last.

In the carrying out of work of this nature the Inspectors made 9,265 visits—the cleanliness of the premises receiving attention at the same time.

Public Slaughter-Houses and Dead Meat Market.

These are under the charge of the Superintendent, who has the collaboration of the Veterinary Inspector of the Corporation, and two Detention Officers under the Public Health (Meat) Regulations (Scotland) 1924. Before the meat is allowed out for sale in the retail shops, it is subjected to expert examination, and the mere fact that not one ounce of such meat had to be taken possession of in the butcher shops indicates the efficiency of their work.

The statistics of the meat inspected and seized are made up by the Superintendent and submitted direct by him to the Scottish Board of Health, as per their directions.

In my report of two years ago I mentioned that the covering for the meat used in transport between the Dead Meat Market and the retail shops was not all that could be desired — the cloth sheets, in many instances, being far from clean. At that time the notice of the Carting Contractors was directed to the matter. There is still room for considerable improvement, and Mr J. D. Anderson, the Superintendent, has turned his attention towards more hygienic transport conditions, and I hope with beneficial results.

Fish Inspection at the Fish Market, Carolina Port.

This Market is under the supervision of a specially appointed Superintendent, who visits in the mornings when the trawlers arrive and during the auctioneering process. This Department has an arrangement with him that whenever fish exposed or offered for sale by auction are not above suspicion he communicates by telephone with our Inspectors. Pending the arrival of a Food Inspector, the fish is withdrawn and laid aside. They are then examined, and, should the decision to seize be objected to by the owners, the Medical Officer of Health is called in, with whom rests the final decision.

A Food Inspector of this Department also visits in the early mornings once a week—oftener if deemed necessary—to examine the catches as they arrive off the trawlers and prior to being offered for sale. So far as trawler brought in fish are concerned, we are pretty well immune from seizures. However, occasional consignments of fish come from other fishing ports to the auctioneers for sale. On two occasions fish thus sent in were taken possession of and destroyed, viz. :—

Cwts.	Qrs.	Lbs.
3	0	14 brown fillets.
1	0	0 cat fish.

The fish landed by trawlers amounted to 8,459,921 lbs., various kinds, as against 7,622,892 lbs. last year.

In the preparation and sale of

Fish and Chips

we here find the foreigner the strongest factor in the trade, and I cannot by any means say I am greatly enamoured with the general cleanliness or methods in vogue.

In shops the usual sections of the premises available for the cleansing and gutting of fish and washing and cutting of the potatoes are the cellars under or attached thereto, where inadequate water supplies and very primitive utensils or fittings for this work are in evidence—proper facilities for the output of a clean and attractive " dish " are not in existence. There is much room for a vast improvement here, and also in the cleanliness of the persons who handle and put up the " fare," a food in big demand during the evenings amongst a certain section of the community. Then, again, the vats or boilers in which the chips or fish are cooked could, in many instances, do with a more frequent thorough internal cleansing, and a complete renewal of the oils or fats.

I do not by any means indicate a wholesale condemnation of this trader, but hope the mere fact of drawing attention to the method of preparation. &c., of this portion of our food supply will produce a much desired reformation amongst a certain section.

Butter and Margarine Acts.

In accordance with Section 7 of The Sale of Food and Drugs Act, 1899, the persons registered as wholesale dealers in margarine or margarine cheese are as follows :—

On Register at 1st January	33
Registered throughout the year	2
Removed from Register during the year ...	2
On Register at 31st December, 1925	33

There are also registered in terms of Section 1 (1) of the Butter and Margarine Act, 1907, 3 persons for the re-working of butter.

To these premises, and to enforce the requirements of the Margarine Act of 1887, 558 visits have been made by the Food Inspectors of the Department, and generally they were found in a cleanly condition.

Food and Drugs Acts.

Undernoted I give a statement of the number of samples purchased under these Acts during the last twenty-three years :—

		Certified to be	
	Purchased.	Genuine.	Adulterated.
1903	144	130	14
1904	200	170	30
1905	199	170	29
1906	201	169	32
1907	215	184	31
1908	257	234	23
1909	304	274	30
1910	455	414	41
1911	445	415	30
1912	435	411	24
1913	484	449	35
1914	607	566	41
1915	615	588	27
1916	619	590	29
1917	610	578	32
1918	629	598	31
1919	607	582	25
1920	602	578	24
1921	663	629	34
1922	671	650	21
1923	669	634	35
1924	684	659	25
1925	693	661	32

The following is a synopsis of the samples purchased this year :—

I.—Samples taken in the ordinary course, with a view of following up by prosecution, if necessary, should adulteration be discovered.

		Certified to be	
	Purchased.	Genuine.	Adulterated.
Sweet Milk (Pasteurised)	7	7	0
Sweet Milk (Sterilised)	7	7	0
Sweet Milk	262	241	21
Margarine	23	23	0
Coffee	12	12	0
Ground Rice	7	7	0
Rice (Whole)	11	11	0
White Pepper	19	19	0
Black Pepper	2	2	0
Lard	4	4	0
Cream of Tartar	13	13	0
Tapioca	9	9	0
Ground Ginger	10	10	0
Baking Soda	6	6	0
Cinnamon	11	9	2

Pot Barley	4	4	0
Butter	2	0	2
Sago	1	1	0
Camphor and Olive Oil ...	1	0	1
Ice Cream	2	2	0
Apples	2	2	0
Medical Prescriptions ...	6	6	0
Total ...	421	395	26

II.—The following samples were taken in terms of Section 2 of the Butter and Margarine Act, 1907 :—

	Taken.	Genuine.	Adulterated.
Sweet or Fresh Butter ...	7	7	0

III.—The undernoted " test " samples were purchased by deputy :—

		Certified to be	
	Purchased.	Genuine.	Adulterated.
Sweet Milk (Pasteurised)	25	24	1
Sweet Milk	6	5	1
Condensed Milk	16	16	0
Margarine (Fresh) ...	6	6	0
Margarine (Salted) ...	20	20	0
Butter (Salted) ...	10	8	2
Butcher Meat Preserve	5	5	0
Oatmeal	7	7	0
Pot Barley	10	10	0
Flour	8	8	0
Ground Ginger	10	10	0
White Pepper	15	15	0
Lard	5	5	0
Rice (Ground)	8	8	0
Rice (Whole)	10	10	0
Cream of Tartar ...	15	15	0
Preserved Fruit	1	1	0
Coffee	7	7	0
Cooked Sausage Roll ...	2	2	0
Tapioca	6	6	0
Fresh Butter	2	2	0
Tinned Tongue	1	1	0
Baking Soda	7	7	0
Cube Sugar	2	2	0
Ice Cream	6	6	0
Lemon Curd	1	1	0
Cinnamon	7	6	1
Sago	3	3	0
Drug Tablets	2	2	0
Drug Fluid	1	1	0
Sausages	6	6	0
Black Pepper	2	2	0
Medical Prescriptions ...	9	9	0
Apples	3	3	0
Cod Liver Oil Emulsion	1	1.	0
Linseed Oil	2	2	0
Olive Oil	2	2	0

Camphorated Oil ...	2	1	1
Malt Extract	3	3	0
Epsom Salts	3	3	0
Castor Oil	2	2	0
Cod Liver Oil	4	4	0
Glycerine	2	2	0
Total	265	259	6
Add Table I. ...	421	395	26
Add Table II. ...	7	7	0
Total	693	661	32

With a population of 169,361 this works out to 4.09 samples to every 1,000 persons, as against 3.99 in 1924.

As can only be expected sweet milk bulks largest in our sampling operations—307 being purchased or taken—276 official and 31 tests—as against the total of 344 last year.

The lowest milk fat recorded this year was 2.37 (as against 2.28 per cent. last year), and the highest 6.60 (as against 5.70 per cent. last year), whilst the average milk fat was 3.42 (as against 3.55 per cent in 1924). The number of samples with milk fat below 3 per cent. was 13, and the number with milk fat of 4 per cent. and over, 31.

The average milk fat of the official samples taken each month was as follows:—

	No. of Samples purchased.	Average Fat.
January	30	3.32
February	20	3.36
March	30	3.37
April	21	3.54
May	24	3.40
June	26	3.50
July	24	3.56
August	25	3.99
September	25	3.35
October	27	3.47
November	18	3.48
December	6	3.50

Twenty-three samples of sweet milk (as against 19 last year) were certified by the Public Analyst to be adulterated either with added water or the introduction of skimmed milk. Out of these eight prosecutions evolved with the following Court results:—

One was fined £6.
Three were fined £2 each.
One was found guilty, but no fine imposed.
Two were found not guilty, and
One not proven.

The other milk adulteration cases were either dealt with by warnings or utilised in connection with the above prosecutions.

This was the third conviction for the Purveyor who was fined £6, but between the time of the purchase of the sample and the case coming on for trial he voluntarily retired from the business—thus no Official action to have his name removed from the register of retail purveyors was necessary.

The milk supply of a community may be (and is) looked upon by the Food Adulterator as his legitimate field of operations—it is to him a sphere of useful possibilities in finance on the right side of his banking account. Perhaps no article of food lends itself more easily to his operations. The inhumanity of his methods holds for him no qualms of conscience—he deliberately robs the citizens secretly and unknown of the nourishment expected and paid for. When we consider that pure sweet milk is the staple diet of the child, at least, the enormity of the offence is neither sufficiently recognised nor punished. That, at all events, has been my experience in Dundee, and I should imagine the same remarks apply to other cities and counties. To put it bluntly, it is nothing less than a huge crime of theft.

Exhaustive experiments and investigations have resulted in fixing the milk standard at 3.00 per cent. of fat, and that standard is by no means to the prejudice of the milk producer for it has been proved without doubt the average cow, untampered with and properly cared for, can give us a milk of fat much beyond that figure; but, after going through the hands of the adulterator, the milk falls far short of the 3 per cent.—in several instances nearer 2 per cent.—when offered for sale. Adulteration by water (giving quantity) or by skimmed milk (lowering the fat) is a thing that cannot be discerned by the naked eye, and thus the citizens are being supplied with a vastly inferior article; used under the assumption it is what it is not—genuine sweet milk. The easiness of the process of milk adulteration and the widespread scope for such malfeasance makes the illicit trade difficult to detect and suppress. It is an iniquity even older than the first Food and Drugs Acts, and so long as these parasites are allowed to remain in the milk trade, it will, I expect, continue — but, we hope, with a diminishing tendency. Fines sufficient to meet the crime and immediate removal from our Registers for such offences—depredators driven from the business—will go far to achieve a condition Local Authorities have been striving for years to attain.

Just to ascertain to what extent our work under this head has borne fruit, I give figures for two separate five years, showing the number of sweet milk samples purchased each year and the number of same found to be adulterated. I have purposely selected the five years prior to the War, 1909 to 1913 inclusive, when we were working under normal conditions, and the last five years, 1921 to 1925 inclusive, under conditions of to-day.

YEAR.	Number of Sweet Milk Samples purchased.	Number of Samples certified to be adulterated.	Percentage of adulteration.	Average.
1909	199	28	14.07	11.90
1910	233	36	15.45	
1911	274	29	10.58	
1912	274	23	8.39	
1913	281	31	11.03	
1921	316	26	8.22	7.39
1922	330	20	6.06	
1923	331	29	8.76	
1924	344	21	6.10	
1925	293	23	7.85	

At a glance, these figures will show the acceptable decrease of 4.51 per cent. during the last period under review, and I can only hope it is an indication of the gradual but sure weeding out of the milk adulterator. Officials connected with the enforcement of the Food and Drugs Acts are familiar with the "parrot" cry of the delinquent when brought to justice, viz. :—the "Appeal to the cow." I should think if that most essential animal (well fed and housed) was allowed to carry on the milk production as nature deems right and her product sold to the consumer untampered with there would be no figures to put on record such as the above.

To-day, I am making a far different appeal, viz.—an "Appeal to the conscience of the Adulterator" not to deprive the young, the infirm and the old of the sustenance derived from pure sweet milk—meantime, we will leave it at that.

Now we turn to another form of food fraud in which the perpetrators have also a wide, prolific and profitable field of operation.

In my Annual Report for the years 1923 and 1924 the Restaurants, Tea Rooms and Eating Houses came prominently under the notice of the Department through the Inspectors when ordering butter, or bread and butter and sweet milk along with tea, being frequently supplied with margarine instead of butter and skimmed milk instead of sweet milk as specially asked for. In these Reports I put out a very straight warning to offenders engaged in this class of business, that if the practice was not discontinued, exposure would inevitably follow.

During the year, under like conditions, 8 "teas" were ordered, bread, butter and sweet milk being specially asked for—6 of these being "Test" samples. The bread and butter and milk were taken possession of by the Inspectors and submitted to the Public Analyst, who reported two of the butters to be margarine.

Official samples were then purchased from the premises where the margarine was sold instead of butter. The Analyst again declared these "butters" (as asked for by the Inspectors) to be margarine.

Both sellers were reported for prosecution. No. 1 pleaded not guilty, and stated, in evidence, both by himself and assistants, that the Inspectors were informed at the time of sale they were being supplied with "margarine" not "butter." This the Inspectors strongly denied. After an exhaustive trial, the Sheriff found the accused "not guilty." In case No. 2 the accused also pled not guilty, but was convicted on evidence and fined £2.

These prosecutions, along with my previous warnings, will, I hope, make this substitution take end. However, this does not mean the supervision of these businesses will be eased in the slightest—periodical purchases will continue to be made throughout the whole City.

It is gratifying to know that in each case the milk supplied along with the "teas" was well over the 3.00 per cent. milk fat standard.

These two foods (sweet milk and butter) seem to be the supreme happy hunting grounds of the adulterator. Looking back the figures as supplied by the Public Analyst on food samples submitted to him over a period of well on to twenty years, I find the amount of adulteration which occurs in other foods is so infinitesimal as to be really outwith the realms of serious consideration, and during these years the principal food stuffs which lend towards adulteration have been well sampled.

During 1925 three samples of ground cinnamon were found, on analysis, to be mixed to a small extent with sand or silicious matter; 2 samples of camphor and olive oil were slightly deficient in camphor; and 3 samples of sago were certified to be tapioca—not treated as adulteration. The sellers of these were warned.

Ice Cream.

Following the action taken last year, I purchased 8 samples of ice cream on which the Analyst reports the Milk Fat to be as follows:—

No. 1	1.42
" 2	1.24
" 3	1.74
" 4	1.78
" 5	2.86
" 6	1.59
" 7	3.22
" 8	2.45

These figures show a considerable advance (an average fat of 2.04) over that of last year (1.12).

I have no doubt this improvement, which can yet be considerably added to, is a direct result of the "cross table talk" I had with the Representatives of the Local Ice Cream Vendors' Association last year. They then promised me their full support in the raising of the fat standard, and it is gratifying to observe their efforts materialising. Although we have no standard of fat, yet our ambition is to have on sale an article which is both a confection and a food.

Here again the major portion of sales is in the hands of the foreigner, and I would suggest to the officials of this Local Association the necessity of urging upon the vendors—especially those who sell from carts, &c., on the streets, public parks and other venues—the desirability of a cleanlier method of personal handling. I have witnessed children, and workers on leaving the mills, being supplied in a manner that was far from enticing; and, to say the least, objectionable. The manufacturers show us they can raise the fat value—the vendors can easily give us a decided improvement on this latter phase.

Arsenic in Apples.

Through the receipt of a circular-letter from the Scottish Board of Health intimating they had been advised that the presence of arsenic in unusual amounts had been discovered in apples imported from the United States, and it would be advisable to give apples from abroad—(especially a certain brand)—attention in this direction.

Accordingly, 5 samples of imported apples were purchased and submitted to the Public Analyst, who reported as follows :—

No. 1—.000056 Arsenous Oxide per lb.
,, 2—.00258 Arsenous Oxide per lb.
,, 3—Less than 1 part Arsenic (A.S. 203) per million.
,, 4—.0018 grains Arsenic per lb.
,, 5—.0023 grains Arsenic per lb.

It was not, however, considered necessary to take action other than the sending of warning letters to the sellers of the two latter samples, drawing attention to the fact.

Sausages.

Six samples of sausages were purchased, on which the Analyst reports as under :—

	Total Meat.	Filler.	Additional Water.	Sodium Chloride. per cent.	Sulphur dioxide in grains per lb.
No. 1	66.83	22.52	10.65	1.29	2.50
,, 2	88.61	6.58	4.81	1.41	0.13
,, 3	50.81	32.00	17.19	1.23	1.02
,, 4	74.55	15.28	10.17	0.94	0.88
,, 5	62.61	14.60	22.79	1.53	0.41
,, 6	52.94	25.58	21.48	1.35	0.96

In the opinion of the Analyst these samples are considered genuine. I also secured five samples of

Preservatives,

liquid and powder, used in the manufacture of sausages or in their preservation. I submitted these to the Analyst, who issued the following report thereon :—

	No. 1.	No. 2.	No. 3.	No. 4.	No. 5.
Total sulphur dioxide ...	4.06%	1.97%	—	—	—
Free Sulphur dioxide ...	2.11%	0.81%	—	—	—
Combined sulphur dioxide	1.95%	1.16%	—	—	—
Total sulphur dioxide ... (calculated as soda meta-bisulphide.)	—	—	89.90%	93.10%	94.00%

Preservatives in food generally will be dealt with by the Medical Officer of Health in his report.

Interments.

Under Section 69 of the Public Health (Scotland) Act, 1897.

54 applications were made for the burial of bodies of destitute persons whose friends or relatives declared they were unable to meet the cost of the funeral. Of these, 51 were granted, and in the remaining 3, other arrangements were made by the applicants.

The total cost, which has to be met with by a charge against the rates, amounted to £96 10s 6d, but from this sum has to be deducted £16 9s 3d, which was recovered from relatives, or through the medium of Insurance Companies, &c.

Of the interments carried through, 16 were adults and 35 juveniles.

Burial Grounds.

No material change has taken place on these as when referred to in my Report of last year. They have been well and satisfactorily kept.

The following interments were made in each :—

Eastern Necropolis	1,583
Western Necropolis	1,074
Western Cemetery (Perth Road)	217
Barnhill Cemetery	169
Parish Church Burying-Ground (Broughty Ferry	17
Old Mains Cemetery	1
New Mains Cemetery	24
Constitution Road Burying-Ground ...	2
Total	3,087

A complaint was received anent the insanitary condition of the Old Mains Cemetery. It was inspected by the Medical Officer of Health and myself. We found, however, that certain improvements had been effected, and the Cemetery was being kept in a satisfactory manner, leaving no justification for complaint upon our visit.

Smoke Nuisance.

The work of suppressing the excessive emission of smoke has been vigilantly carried out and it is satisfactory to note beneficial results are in evidence at the heads of the stalks of many public works and factories within the City which can be observed any working day from the chief viewpoints of the Burgh. Under present conditions we do not altogether aim at a total annihilation of this nuisance—where steam is generated by coal that may be a hopeless ambition—but what we do strive to attain is the keeping of the nuisance within harmless and reasonable limits.

Throughout the year 97 observations—usually of one hour's duration (except in the case of steam wagons on streets) were made of the smoke issuing from the stalks of factories, etc., as follows :—

Chimneys of Jute Mills and Factories.	Chimneys belonging to the Corporation.	Chimneys of other Works.	Steam driven Wagons on Streets.
78	6	2	11
Out of which the following warning letters were sent to the offenders :—			
54	4	1	11

In several instances the excuses given for the excessive smoke emission were (a) carelessness on the part of firemen (b) inexperienced firemen, or (c) the supply of an inferior class of coals. If these were the sole reasons, then this nuisance would be of easy remedy.

But there are other contributing factors more difficult to eradicate, such as :—

1. At many works the boiler power has become overloaded or inadequate for the amount of machinery to be driven.
2. The boiler power or furnaces, etc., have become obsolete or dilapidated.

The result is the boilers are forced to provide steam for the propelling of an amount of machinery they are unable to cope with, and constant stoking has to be resorted to—the fires practically are evergreen with the inevitable result, the chimney heads are seldom or ever free of smoke—the furnaces are simply semi-consumers of coal. When a chimney shows excessive volumes of smoke there is certain waste going on, a percentage of partially incinerated fuel being thrown into the atmosphere. Many owners of factories, &c., have become wise to this money-losing mode—tantamount to belching finance into the air.

In my Report of last year I referred to a firm in the City who, after much consideration and repeated complaints from this Department, had decided to scrap their existing power-house, together with all its equipment. This has now been done, and replaced by a new power-house, fitted with 6 new Lancashire Boilers, new chimney (185 feet in height), smoke consumers and economisers, together with patent flue cleaners. I am confident that with increased efficiency in the boiler-house—ample steam generating power—the firm will, within the next ten years, pretty well recoup themselves of the expenditure; and, instead of being the cynosure of official supervision, will merit a certain mead of praise.

Other improvements at different works, etc., in connection with smoke abatement are:—

Smoke Consumers provided at 2 factories.

Smoke Consumers provided and furnaces overhauled at 1 factory.

Furnaces improved at 1 factory.

Additional boiler power provided at 2 factories.

Boilers overhauled or additional boiler power provided, together with smoke, soot, and grit extraction chambers constructed at 2 factories.

Old plant scrapped and electric power substituted at 3 factories.

Steam exhaust carried into chimney at 1 factory, and

4 boilers provided with new smoke bridges at one of the Housing Schemes.

In addition to the above, negotiations are proceeding for:—

(a) Installing of Smoke Consuming Apparatus at 1 factory, and
(b) The scrapping of existing plant and the provision of electrical power in lieu thereof at three others.

If other owners of Factories and Mills would follow in the footsteps of these pioneers and discard the machinery which has served its day and generation, and substitute therefor electric-driven plant—well, we might yet look for a smokeless " Bonnie Dundee " so far as mills and factories are concerned.

But the ordinary chimney of the dwelling-house cannot be absolved, it plays a no small part in adding to this class of nuisance. If one cares to discover to what extent this exists let him take up a position on the higher parts of the City (say, the Law Hill) on a Sunday morning about ten o'clock, when the citizens are astir for the day, he will see the haze and pall of smoke which hangs or floats over the City covering it, as it were, with a shroud through which the sun rays have to penetrate ere it reaches the homes of the inhabitants. At that time the chimney heads of mills, &c., are standing clean, and in no way can be blamed for this overhead cloud.

Unfortunately we have no legal powers at the moment under which we can cope with this contributing item to the smoke barrage.

Shops Acts.

Carrying through of work incidental to the above Acts has entailed a considerable portion of the Inspectors time both within and outwith the usual working hours. Altogether 413 hours of street patrol duty and 3,154 visits have been made to the various shops within the Burgh. Generally they have been found to comply fairly well with the terms of respective enactments. Contraventions numbering 291 were discovered, but of these a large number were of trivial consequence, being the omission of the shop occupier to exhibit the necessary notices in connection with the assistant's half-holiday; or, where a shop being a " mixed " one — displaying goods, or not making sufficient effort to cover up, as required by the Act.

In some of these small shops where the trade is a very mixed one, it can easily be understood with lack of accommodation it is difficult to effectually cover up the whole goods which, on one afternoon of the week, are "contraband." Thus there is great temptation to the public, especially shop neighbours, calling in to purchase yet knowing well that such a transaction is an infringement by the shopkeeper. It is, however, a thing that is difficult to entirely wipe out—it is only by persistent inspection and street patrol work these small shopkeepers can be kept within the limits of "contravention moderation." If it were possible to hold the buyer equally liable with the seller the practice would soon take end.

Just, for instance, let us take a dealer in intoxicating liquors—publican or licensed grocer. In the event of a customer being supplied with liquor after hours and the transaction comes under the cognisance of the Police, the buyer is held liable along with the seller, and both are prosecuted. There is therefore no freedom of purchase or immunity from liability as is presently the case under the Shops Act. In my opinion, both ought to be held as parties of equal guilt in the transaction.

As a rule, absolutely no trouble is experienced with the shopkeeper on a large scale. It is the small tradesman who adds to his living with, as it were, these surreptitious crumbs. But undoubtedly the greatest and most persistent offenders are the foreign element upon whom warnings seem to be of no avail—practically speaking, about 75 per cent. of the violations discovered are by these traders.

In 53 contraventions it was deemed advisable to institute proceedings in the Court. The results of such prosecution are as follows:—

1 was fined	£0	7	6
7 were fined	0	10	0
38 were fined	0	15	0
1 was fined	1	5	0
1 was fined	2	0	0
1 was fined	3	0	0
1 was fined	4	0	0

Two cases were withdrawn by the Procurator Fiscal and in one instance the verdict was "Not Proven."

Places for Public Refreshment.

At the end of the year there were 236 shops registered in terms of the Burgh Police (Scotland) Act, 1903, and the Bye-Laws made in pursuance thereof. These have been kept under surveillance, and no particular event of outstanding notice falls to be recorded in connection with them, other than selling after the Closing Hours; and, in this respect, I have to record appreciation of the assistance obtained from the members of the Police Force.

Many of the occupiers of these premises ask that registration apply only to certain parts of the shop, i.e., one room, or in so far as it affects the sitting accommodation. By such partial registration, shops where meals are prepared may still remain open after the hours allowed under the Refreshment Bye-Laws, and continue to sell over the counter for " carrying out " trade.

Theatres and Cinemas.

To these places of amusement 120 visits were made to supervise their means of ventilation, the cleansing of the premises, the provision of sufficient sanitary or lavatory accommodation, etc. Taking them as a whole, they have been maintained in quite a satisfactory state, and periodically reported to the Magistrates as such, so far as coming under the jurisdiction of this Department.

Any small improvement that was considered necessary was promptly carried out on notification being given to the occupiers, but they have given little or no cause for official interference.

Rag Flock Act.

During the year ten samples of rag flock were taken in the premises of bedding factories, &c., and submitted to the Public Analyst, who reported all the samples to be within the standard of 30 parts of chlorine per 100,000 parts of flock.

The figures as reported by the Analyst on the samples submitted are as follows :—

One sample yielded	10.30 parts.
One sample yielded	10.20 parts.
One sample yielded	10.10 parts.
Two samples yielded	10.00 parts.
One sample yielded	9.30 parts.
One sample yielded	8.00 parts.
One sample yielded	7.90 parts.
One sample yielded	5.00 parts.
One sample yielded	3.30 parts.

Rats and Mice (Destruction) Act, 1919.

Since the above Act came into operation its terms have been given full effect to both through a special " Rat Week " annually and the Inspectors following up complaints made of rat infestation, or premises suspected of such. During the years 1922 to 1925 (inclusive) rat weeks were held, and on these occasions—so far as can reasonably be ascertained—some 11,000 rats were killed; and I should think pretty well on to the same number has been accounted for intermittently throughout that period.

Property owners and occupiers ought to keep in mind that a special slaughter week is of great value, in so far that it draws attention to the presence of this " Enemy within our Gates " in vast numbers, but I have repeatedly and forcibly impressed that that is not sufficient. The same destruction efforts ought to be kept continually in operation right through each year from beginning to end, **if we are to make any impression on these undesirables.** Their breeding proclivities are practically boundless, whilst their continuous destructive powers are of a like limit. It is only by a perpetual harrowing of the breeding grounds —destroying the litters in the nest—that we can hope to cope with this menace, which has been too long practically ignored—they have been allowed to re-produce in freedom and unharassed. Even the number mentioned above as accounted for will not keep down their population increase. Property owners and occupiers ought, therefore, to awaken up from this state of lethargy, as each day is seeing the pests take a huge toll in food consumpt and destruction. In addition we have the perpetual danger to the health of the community through disease carrying. The disease may come from the rat to the flea, and from the latter to man—their ways of destruction are devious and many.

It is estimated that many millions of pounds are lost annually through the operations of the rodent.

A brace of rats is looked upon as producing four or five litters per annum (with an average of 10): the rat comes to maturity at about the age of 3 months; therefore it is not difficult to realise the lightning like reproducing powers.

Knowing these facts, it therefore behoves that a relentless war should be continuously waged in a strenuous endeavour towards total extermination

The following is an account of the work done and results achieved during the " Rat Week " of 1925 :—

" In giving effect to the instructions contained in Article XI. of the Minute of Meeting of the Public Health Committee of date 16th February last, I have to report that in the short intensive campaign against Rats and Mice during the week from 30th March to 4th April, 1925, the results may be considered highly satisfactory.

To further awaken the interest of the general public during this campaign a short talk was given (through the courtesy of the local officials of The British Broadcasting Co.) before the microphone specially drawing the attention of the property occupiers to the Rat Menace and the most likely methods to adopt to bring about a reduction in the numbers of the rodents. In the 15 cinemas within the City for a period of 12 days lantern slides depicting slogans for Rat Week were thrown on the screen at varying intervals, and thus the interest in the campaign was not allowed to wane.

2,500 notices or handbills were served at the places where rats were likely to harbour, such as shops, bakehouses, restaurants, dairies, stables, piggeries, mills and factories, workshops and warehouses, &c.

500 posters were displayed within the city and at the harbour, and the public interest was aroused by advertisements and articles appearing in the public press. Special instructions were sent to the 18 farmers within the city area detailing an approved method for the destruction of the vermin within their farm steading, and

more particularly during the operation of threshing. Generally they took up the scheme in a most enthusiastic manner, and of the total rats killed, 482 were accounted for by the farmers.

At the Port of Dundee the masters of all vessels were served with handbills together with a copy of special instructions as to the provision of rat guards, &c., on the mooring ropes or cables; and within the sheds and warehouses coming under the jurisdiction of the Harbour Trustees systematic hunts were made and accounted for a total of 193, which included one black rat (rattus rattus). In addition 120 poison baits were laid at the Fish Dock, all of which were taken.

The staff made 737 visits of inquiry to premises known or suspected of rat infestation, and, in addition, attended to 80 complaints, 15 of which were found to be without foundation.

The greater number of these premises are now reported clear of vermin, but 166 are still receiving attention.

The class of premises found to be most infested with rats were stables, farms, piggeries, and warehouses where foodstuffs were stored, and in the order named.

The public sewers of the City received much attention, altogether there being 361 baits laid, the vermin accounting for 273 of them. Undoubtedly the casualty list was heavy.

At the railway stations, sidings, loading banks and warehouses, 321 baits were laid down by the responsible officials, and 164 carcases were discovered.

It is impossible to give an estimate of the total number of rats killed during the week, but it is known that, including those killed at the port, 3,198 carcases were found."

Offensive Trades.

No alterations fall to be recorded under this head.

The registered premises are situated as follows :—

62 East Dock Street—Tallow melter.
Marine Parade—Tanner.
1 Park Street—Tanner.
At Public Slaughter-Houses, East Dock Street—Gut Cleaner.
At Public Slaughter-Houses, East Dock Street—Hide Factors (2).
At Public Slaughter-Houses, East Dock Street—Slaughterer of Cattle (Corporation).
At Public Slaughter-Houses, East Dock Street—Tripe Cleaner.

and to them 12 visits were made. The businesses have been conducted in a manner quite compatible with the nature of the trade, and no action of an adverse nature was found necessary.

Port Inspection.

During the year 1925 the total number of ships arriving at the Port of Dundee was 1,086, a decrease on the figure for 1924. Of these, 310 came from foreign ports, and 656 visits were paid to them. The number of vessels arriving direct from foreign ports was 134, whilst 176 called at ports in this country before reaching Dundee. In 79 cases vessels came from infected ports, 19 direct and 60 indirect.

The cargoes consisted of timber and flax from the Baltic Ports, food-stuffs and pitch from America, food-stuffs, fancy goods and steel plates from the Continent, and jute, gunnies, linseed, hemp, cotton seed and tea from India. There was no consignment of Canadian Cattle.

During the inspection of vessels arriving from foreign ports, 205 nuisances and defects were brought under the notice of the Officers in charge of the ships. Of these, 204 were remedied here, the one left unremedied being a case of vermin (bugs) in the forecastle. The vessel was proceeding to its home port to pay off, and the matter was to have attention there.

Rat Notices to the number of 127 were issued to the Officers in charge of ships. Tar and canvas or rat guards were placed on the moorings of all vessels coming from infected ports. The fumigation of ships was found to be of frequent occurrence, and the use of traps was urged in any case where rats were reported. In connection with this matter, it is gratifying to report the appointment, by the Harbour

Trustees, of a professional rat-catcher, to work in the sheds and warehouses on the Harbour ground. That the results will justify the appointment, I feel confident, and trust he will be a permanent member of the staff.

Further improvements at the Harbour as the result of representations made by this Department, are: — The abolishing of the open ashpits and the substitution of ash-bins in their places, and the concreting of 60 square yards of ground at the Fish Dock whereon to stack fish boxes after they have been cleansed.

During the year eight cases of sickness were reported. Of these, 1 was removed to King's Cross Hospital, 4 to the Royal Infirmary or other Institutions, and 3 were sent home when convalescent. Three cases of illness which had occurred during the voyage and were left in hospitals abroad, were also reported, this being the first port of call in this country. One cabin was disinfected in accordance with instructions issued by this Department, while 1 cabin and 1 bundle of bedclothes were disinfected for tuberculosis.

Total Number of Verbal Intimations		347
Total Number of Special Rat Notices Issued		127
Total Number of Visits to Ships		648
Total Number of Cabins disinfected for Tuberculosis		1
Bedding and Clothing removed to King's Cross Hospital for disinfection		1
Total Number of Ships from Infected or Suspected Ports		79
Total Number of Ships from Infected or Suspected Ports (direct)		19
Total Number of Ships from Infected or Suspected Ports (indirect)		60
Total Number of Nuisances or Defects attended to ...		205
Viz.:—Forecastles Cleaned Out	10	
Mess-rooms Cleaned Out	15	
Galleys and Store-rooms Cleaned Out ...	42	
Accumulations of Food Refuse	14	
Dirty W.C.'s.	82	
Choked or Defective W.C.'s.	17	
Discharge of Foul Water on Quay ...	18	
Dirty and Defective Baths	5	
Bugs in Forecastle	2	

In addition the following work was carried out while the vessels were in Port:—

Fresh Water Tanks Cleaned Out	12
Forecastles Washed or Repainted	17
Bathrooms or Wash-places Painted	23
W.C.'s. Painted	18
Galleys Washed or Painted	34

Only on two occasions were live stock found on board ship on inspection—four fowls and one sheep—these being intended for the food of the crew.

Section 164 of the Burgh Police (Scotland) Act, 1892.

Provision and Renewal of Rain Water Spouts and Downpipes.

Under the above Section the following work was executed, viz. :—

Number of Properties where the rain water spouts and conductors have been overhauled, renewed, or otherwise repaired.	Lineal feet of new rain water conducting channel rhones or gutter pipes used in the renewing or repairing of the same.	Lineal feet of new rain water conducting or downfall pipes used in the same way at the different properties.
513	11,893	3,804

General Prosecutions.

The prosecutions for the year were as under :—

Contravention of Dairies Cowsheds and Milkshop Regulations.	Contravention of Food and Drugs Acts.	Contravention of Shops Acts.
1	10	53
	Contravention of Factory and Workshops Act.—bakehouse.	Total
	1	65

Detailed particulars of each are given under the various heads.

I am, Gentlemen,

Your obedient Servant,

ROBERT MITCHELL,

Chief Sanitary Inspector.

APPENDIX.

Statement by Sanitary Inspector of Proceedings under the Public Health and other Acts during 1925.

Subordinate Sanitary Inspectors employed	20

I.—Nuisances.

Complaints received	2,878
Intimations served under Sec. 19	14,173
Notices served under Sec. 20	6
Cases in which legal proceedings were taken ...	0
Do. do. do. successful ...	0

II.—Workshops.

Inspections	1,753
Notices served under Sec. 2 (3) of Factory and Workshop Act, 1901	0
Cases in which legal proceedings were taken ...	1
Do. do. do. successful ...	1

III.—Tents and Vans.

Inspections	121

IV.—Underground Dwellings.

Reported to Local Authority	0
Notices to Owners (Sec. 74)	0
Cases in which legal proceedings were taken ...	0
Do. do. do. successful ...	0

V.—Common Lodging-Houses.

On Register at 31st December, 1925	8
Common Lodging-Houses belonging to the Local Authority	0
Inspections between 8 a.m. and 10 p.m.	201
Inspections between 10 p.m. and 8 a.m.	8
Intimations of Irregularities sent to Keepers	0
Cases of Infectious Disease reported to Medical Officer (Sec. 97)	0
Unregistered Premises dealt with	0
Cases in which legal proceedings were taken (breaches of bye-laws, &c.)	0
Cases in which legal proceedings were successful ...	0

VI.—Houses Let in Lodgings.

On Register at 31st December, 1925	90
Inspections	728
Cases in which legal proceedings were taken ...	0
Do. do. do. successful ...	0

VII.—Infectious Diseases.

Visits of Inquiry, &c.	13,609
*Patients removed to Hospital	1,655
*Persons removed to House of Reception	0
Notices served under Sec. 50 (2)	5,978
Notices served under Sec. 53 (2)	
Intimations to Education Authorities, Teachers, &c. ...	7,591
Houses or Premises disinfected	2,228
Sets of Clothing, Bedding, &c., disinfected or destroyed (32,978 articles)	2,539
Cases in which legal proceedings were taken ...	0
Do. do. do. successful ...	0

*Only those removals in which the Sanitary Inspector has personally, or by his assistants, taken part should be inserted.

VIII.—Burials.

Burials undertaken in terms of Sec. 69	51

IX.—Dairies, Cowsheds, and Milkshops.

On Register at 31st December, 1925	954
Inspections	3,571
Contraventions of Order or Regulations dealt with ...	1
Cases in which legal proceedings were taken ...	1
Do. do. do. successful ...	1

X.—Slaughter-Houses and Offensive Trades.

Applications under Sec. 32 for sanction to establish ...	0
Applications granted	0
Applications under Sec. 33 for Licence or Renewal of Licence	0
Applications granted	0
Public Slaughter-Houses (if any) belonging to Local Authority	1
Private Slaughter-Houses	0
Unlicensed Slaughter-Houses dealt with	0
Inspections of Slaughter-Houses	22
Inspections of other Offensive Businesses	12
‡Number of such other Offensive Businesses at 31st December, 1925	7
Cases in which legal proceedings were taken (breaches of bye-laws, &c.)	0
Cases in which legal proceedings were successful ...	0

XI.—Unsound Food.* (See table appended.)

Inspections under Sec. 43	(a) Meat	3,092
	(b) Other Foods	6,173
Seizures of Unsound Food	(a) Meat	0
	(b) Other Foods	74
Animals or carcases or articles of food destroyed with owner's consent by or at the instance of the Sanitary Inspector		74
Cases in which owners of Unsound Food were prosecuted		0
Convictions in connection with above cases		0

XII.—Analysis of Samples.†

	Sale of Food and Drugs Acts. Number.	Condensed Milk Regulations. Number.	Dried Milk Regulations. Number.
Samples procured for Analysis	677	16	0
Certified to be genuine ...	645	16	0
Certified to be adulterated ...	32	0	0
Cases in which legal proceedings were taken ...	10	0	0
Cases in which legal proceedings were successful ...	6	0	0

XIII.—Rag Flock Act, 1911.†

Samples procured for Analysis	10
Certified to conform to Board's standard	10
Certified not to conform to Board's standard	0
Cases in which legal proceedings were taken ...	0
Do. do. do. successful ...	0

XIV.—Bye-Laws.

Inspections in carrying out bye-laws relating to:—

(a) Pigstys	805
(b) Public Conveyances	under charge of Police.
(c) Buildings	1,706
(d) Cleansing in Special Scavenging Districts	(Under charge of Supt. of Cleansing).
(e) Other sanitary matters	77,838

‡State nature of such offensive businesses and number of each.

*Only those inspections and seizures in which the Sanitary Inspector has personally taken part should be inserted. He is also requested to give on the fly-leaf a statement of the nature and quantities (or weights) of the food seized. *Inspections made by him at Slaughter-Houses, &c., as Meat Inspector or Detention Officer under the Public Health (Meat) Regulations (Scotland), 1924, should NOT be included.*

†Only those samples which have been procured by the Sanitary Inspector personally, or by his deputies, should be inserted here, and the Sanitary Inspector is requested to give a statement of the articles analysed:—Milk, butter, pepper, &c.

* ARTICLES OF FOOD SEIZED.

ARTICLES.	WHERE SEIZED	QUANTITIES OR WEIGHTS.				REASONS FOR SEIZURE
		Tons.	Cwts.	Qrs.	Lbs.	
Tinned Beef	In shops, stalls, barrows on streets, markets, railway stations, or at the Port of Dundee.	0	8	1	3½	Decomposition, &c.
„ Fruit		0	7	2	19¾	
„ Fish		0	0	0	13	
„ Vegetables ...		0	0	1	23½	
„ Milk		0	0	0	27	
Fish (fresh)		0	5	0	14	
„ (cured)		0	0	3	0	
Cooked Meat		0	0	2	16	
Fruit		6	17	0	2	
Bacon and Ham ...		0	0	0	8½	
Pickles and Sauces ...		0	0	0	7	
Vegetables		0	19	0	8	
Confectionery		0	0	1	2½	
And in addition— Rabbits		34 pairs.				

‡ NUMBER OF OTHER OFFENSIVE BUSINESSES.

Tallow Melters	1
Tanners	2
Gut Cleaners	1
Tripe Cleaners	1
Hide Factors	2
Total	7

SALE OF FOOD AND DRUGS ACTS.

† ARTICLES ANALYSED.

Sweet Milk (including Pasteurised and Sterilised)	307
Condensed Milk	16
Margarine	49
Coffee	19
Ground Rice	15
Whole Rice	21
White Pepper	34
Black Pepper	4
Cream of Tartar	28
Tapioca	15
Ground Ginger	20
Baking Soda	13
Cinnamon	18
Pot Barley	14
Lard	9
Fresh Butter	11
Salted Butter	10
Oatmeal	7
Flour	8
Sago	4
Cube Sugar	2
Preserved Fruit	1
Lemon Curd	1
Ice Cream	8
Apples	5
Butcher Meat Preserve	5
Cooked Sausage Roll	2
Tinned Tongue	1
Sausages	6
Medical Prescriptions	15
Drug Tablets	2
Drug Fluid	1
Cod Liver Oil	4
Cod Liver Oil Emulsion	1
Malt Extract	3
Castor Oil	2
Linseed Oil	2
Olive Oil	2
Camphor and Olive Oil	1
Camphorated Oil	2
Glycerine	2
Epsom Salts	3
Total	693